



GENERAL INFORMATION

Name of Mini-Grant Project			
Total Amount Requested	\$		
Neighborhood(s) Served			
Dates of project (anticipated start/end)			
Have you received an Oakland Unite Community Healing Mini-Grant before? <small>(Please circle one)</small>	Yes	No	
	If yes, did you apply under this project or a different one? Explain.		
	Did you submit a final report HERE	Yes	No If no, please explain.
	*Previous awardees who apply for a mini-grant must have submitted a final report.		

Contact #1 Name			
Organization Name			
Organization EIN Number			
Contact Information	Phone:	Email:	
Address (Street, City, State, Zip Code)			
Oakland Resident	Yes	No	How Long

Contact #2 Name			
Organization Name			
Contact Information	Phone:	Email:	
Address (Street, City, State, Zip Code)			



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Fiscal Sponsor Name* (501 (c) 3 organization)			
Contact Person Name			
Fiscal Sponsor EIN Number			
Contact Information	Phone:	Email:	
Oakland Resident	Yes	No	How Long

*Note: Individuals in need of a fiscal sponsor (an organization that has a 501 (c) 3 designation that can receive the grant money and disburse it to you) should indicate they would like support from the DVP fiscal sponsor. Questions? email OaklandDVP@oaklandca.gov

City of Oakland’s Vision for Racial Equity: To create a city where racial disparities have been eliminated and racial equity has been achieved by eliminating systemic causes of racial disparities in City Government, promoting inclusion and full participation for all residents of the City, and reducing race-based disparities in our communities.



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PROJECT SUMMARY

The following section is for us to get a better understanding of your project and its impact. You can also submit a video summary by addressing the following questions and emailing video to OaklandDVP@oaklandca.gov. Videos should be no more than 5 minutes long.

1. My project will...

2. My project will address community healing and positively impact Oakland residents and the larger community by ...



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3. The goals of this project are ...

4. To reach the project goals we will....



PROJECT BUDGET

Please break down your project budget so we can understand what the money will be used for. Organizations can apply for up to \$15,000 and individuals can apply for up to \$5,000. The budget should break down what things your project will spend money on and how much these things will cost. Please attach additional sheet(s) as necessary.

PERSONNEL	Salary/Amount	% FTE on project	Total
OTHER DIRECT COSTS (Ex. food, entertainment, supplies, etc.)	Quantity	Cost	Total
STIPENDS	Amount	# of Volunteers	Total
		Grand Total	