

2025/26 TOT Grant Program WORKSHOP



Presented By:
Ger Chang, Program Coordinator
Bryn Saunders, Liability Property Insurance Analyst
Shelly Willis, Grant Consultant
Radtana Lee, Technical Support/Q&A

PRESENTATION OUTLINE

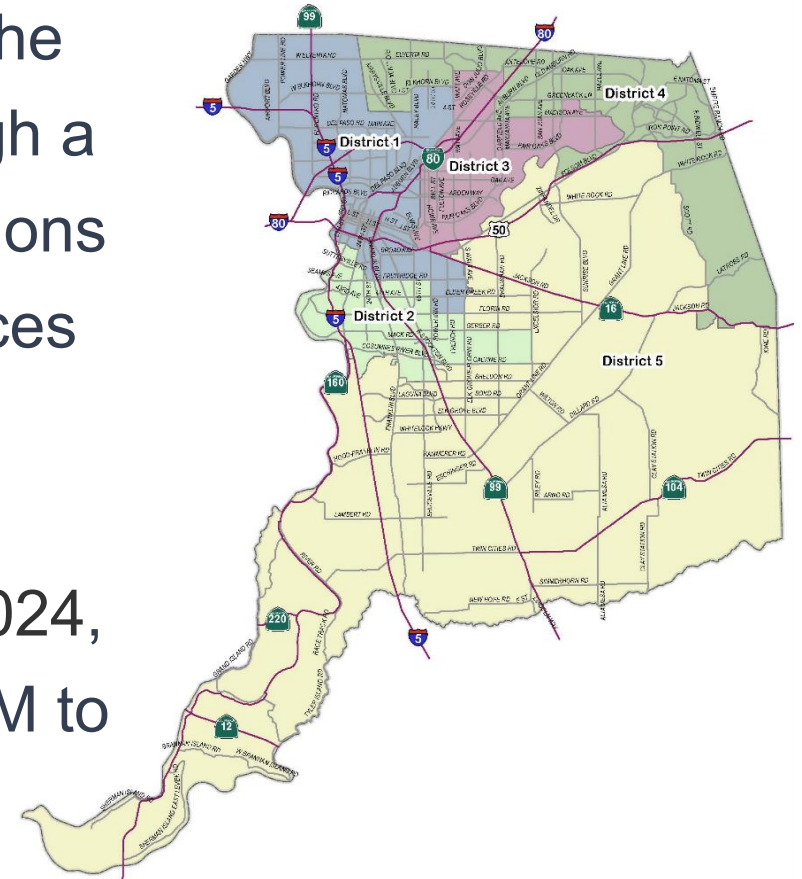
- TOT Grant Program Overview
- Timeline
- Insurance Requirements
- Application Guidelines & Eligibility
- Online Application – [TOT Grant Portal \(Foundant\)](#)
- Application Guide
- Application Review
- What Happens Next?
- Q&A



TOT GRANT PROGRAM OVERVIEW

In 2017, the County Board of Supervisors established the TOT Grant Program to provide financial support, through a competitive application process, to non-profit organizations that carry out community-based programs and/or services in Sacramento County.

During the recommended budget hearing on June 5, 2024, the Board of Supervisors approved the allocation of \$1M to fund another year of the program.



TIMELINE

Open Application Period : January 13, 2025 – February 14, 2025

- Application and supplemental material must be submitted by 5 p.m. on Friday, February 14, 2025.
- Online Applications Only: Applications are only accepted electronically through the Portal.
- Grant Application Review Period: February 2025 - April 2025
- Grantee Award Approval and Notifications: June 2025



INSURANCE REQUIREMENTS

Agreement with County contains insurance requirements

- Insurance provides coverage for claims if they arise from the organization's activities.
- Protects both your organization and the County from financial loss.

Standard Requirements

- General Liability
- Auto Liability (Commercial or Personal)
- Workers' Compensation/Employer's Liability

Evidence of Insurance

- Certificate of Insurance
- Policy Endorsements (Additional Insured, Waiver of Subrogation, Primary and Noncontributory)

Recommend discussing with your insurance agent/broker in advance

APPLICATION GUIDELINES & ELIGIBILITY

Policy Guidelines

- Requests Amounts are:
 - Minimum funding request of \$5,000
 - Maximum funding request of \$50,000
- Grant Period: 11 Months
 - July 1, 2025 to May 31, 2026
- Awarded Grant funds are distributed on a reimbursement basis.

Applicant Eligibility

To be eligible for funding, an applicant must:

- Be a non-profit organization which has completed one fiscal year.
- *Note: Use of a fiscal sponsor is allowed. Fiscal sponsors must have similar organizational goals as the applicant's organization and meet the same application eligibility requirements.*
- Have a physical presence and provide services in Sacramento County.

APPLICATION GUIDELINES & ELIGIBILITY

We Fund Projects:

- A project may consist of one or more specific events or activities.
- A project may be a part of an applicant's regular season or activities.
- Organizations may apply for any or all phases of a project, from its planning through its implementation.
- A project does not have to be new or large.



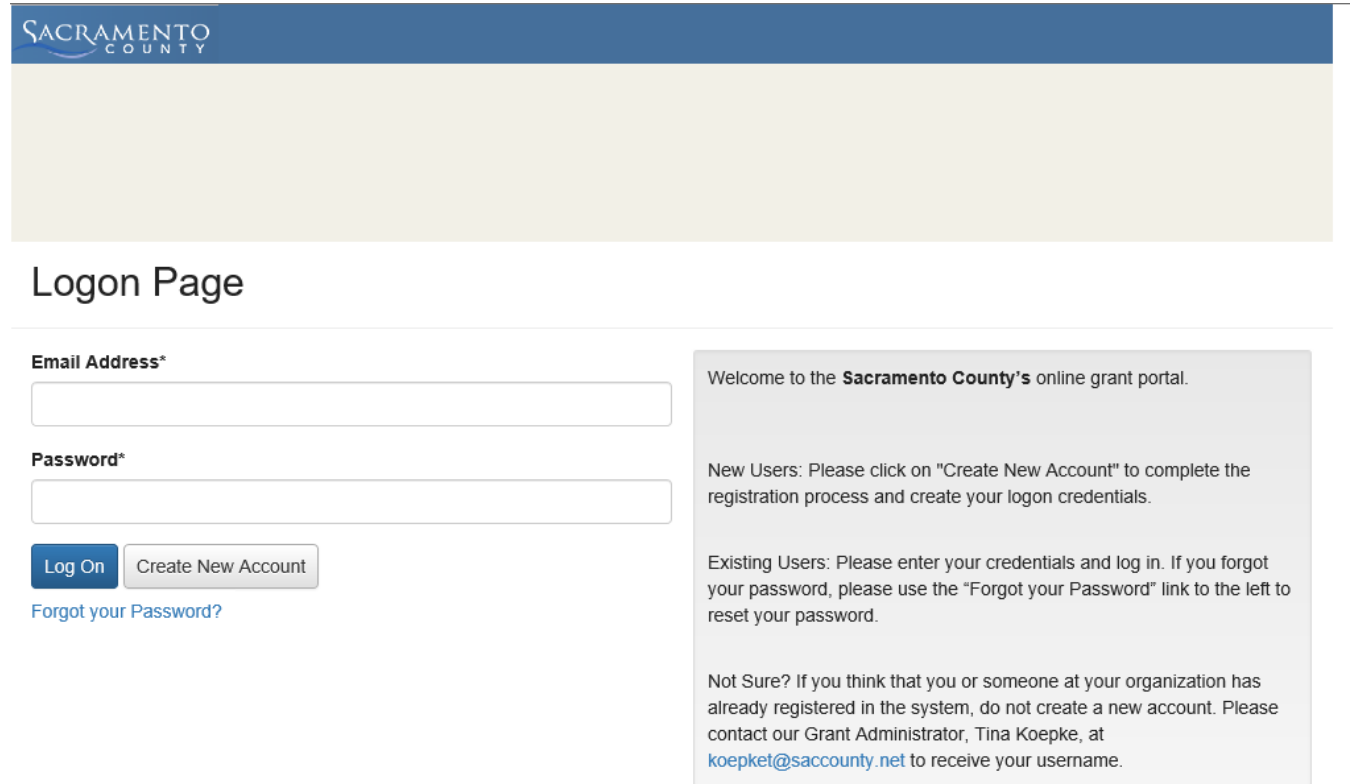
We Do Not Fund:

ONLINE APPLICATION - FOUNDANT

The 2025-26 TOT Grant Program application is web-based and requires an account to access the application. Detailed instructions can be found on our [Webpage](#).

1. Log In

- a) New Users: “Create New Account” to complete the Registration Process.
- b) Existing Users: Enter your credentials and log in. A “Forgot your Password” link is available.
- c) Not sure if your organization is registered, please contact SacCountyTOTAdmin@saccounty.gov



The screenshot shows the Sacramento County online grant portal login page. At the top is the Sacramento County logo. Below it is a large yellow rectangular area. The page is titled "Logon Page". There are two input fields: "Email Address*" and "Password*". Below the "Email Address*" field is a "Log On" button. Below the "Password*" field is a "Create New Account" button. Below the "Log On" button is a link that says "Forgot your Password?". To the right of the login fields is a grey box containing instructions. The instructions are: "Welcome to the Sacramento County's online grant portal.", "New Users: Please click on 'Create New Account' to complete the registration process and create your logon credentials.", "Existing Users: Please enter your credentials and log in. If you forgot your password, please use the 'Forgot your Password' link to the left to reset your password.", and "Not Sure? If you think that you or someone at your organization has already registered in the system, do not create a new account. Please contact our Grant Administrator, Tina Koepke, at koepket@saccounty.net to receive your username."

SACRAMENTO COUNTY

Logon Page

Email Address*

Password*

Log On Create New Account

[Forgot your Password?](#)

Welcome to the **Sacramento County's** online grant portal.

New Users: Please click on "Create New Account" to complete the registration process and create your logon credentials.

Existing Users: Please enter your credentials and log in. If you forgot your password, please use the "Forgot your Password" link to the left to reset your password.

Not Sure? If you think that you or someone at your organization has already registered in the system, do not create a new account. Please contact our Grant Administrator, Tina Koepke, at koepket@saccounty.net to receive your username.

WE ONLY ACCEPT APPLICATIONS THROUGH THIS WEB-BASED PROGRAM

ONLINE APPLICATION - FOUNDANT

2. Apply Online.

- a) Upon accessing the system for the first time, you will land on the Apply Page. This page displays current open opportunities that you can apply for, relevant deadlines and/or other related information.

3. Complete Application Form.

- a) In the form, contact and organization information automatically populates. An application can be saved or submitted. No changes can be made to a submitted form.

4. Applicant Dashboard.

- a) Your dashboard is where you can edit your saved application, review your submitted application and check on the status or follow-ups for your application.

The screenshot displays the Sacramento County Applicant Dashboard. At the top, there is a navigation bar with the Sacramento County logo, a home icon, a circled 'Apply' button, and links for 'Organization History' and 'Fax to File'. The main heading is 'Applicant Dashboard'. Below this, there are two columns of information: 'Applicant' (Ms. Tina Koepke, 916-874-7094, 700 H Street, Sacramento, CA 95814) and 'Organization' (County of Sacramento, 68-4824510, 916-874-7094, 700 H Street, Sacramento, CA 95814). A message box states: 'If your organization information does not appear correct, please click the edit (pencil) icon.' Below this, there are two buttons: 'Active Requests' and 'Historical Requests', both of which are circled in red. A final message box states: 'You do not have any Active Requests. Click Apply to begin the application process.'

ONLINE APPLICATION - FOUNDANT

5. Application.

- Clicking “Apply” from the Applicant Dashboard brings you the application. The Applicant and Organization information, the Due Date, a Collaborate feature and access to the Question list will be displayed.

6. Collaborate.

- This feature allows an applicant to invite collaborators to view, edit and/or submit an application on the organization’s behalf.

7. Save and Submit.

- Your application will be saved automatically on a frequent basis, however, there is a “Save” button at the end of the application along with a “Submit” button once the application is completed.

The screenshot displays the Sacramento County Online Application - Foundant interface. The main application form is titled "Application" and shows the process for the 2020 Transient Occupancy Tax (TOT) Grant Program. It includes fields for Applicant and Organization information, a "Collaborate" button, and a "Question List" button. A "Collaborate" modal is open, showing options to invite someone, with fields for email address and permissions (Can view, Can edit, Can submit). The modal also has a "Message" field and an "Invite" button. At the bottom of the main form, there is a "Save Application" button and a "Submit Application" button.

APPLICATION GUIDE

1. Organization Information & Narrative
2. Project Information
3. Project Narrative
4. Budget
5. Additional Documentation


APPLICATION – Organization Information

In this Section, we'll ask you to confirm some basic information for the organization, such as:

- Organization Name
- Physical Location
- Provide a Payee Data Record Form
- Information about the Fiscal Sponsor (as applicable)

General Notes for the Application:

- Character counts include Spaces.
- The application does Auto Save.
- Please pay careful attention to page counts.
- Questions? Please ask us.

 **County of Sacramento**
PAYEE DATA RECORD
(Required in lieu of IRS W-9 when doing business with the County of Sacramento)

INSTRUCTIONS: Complete all information requested on this form. Sign, date, and return to the Department requesting this information. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by the Department of Finance to prepare Information Returns (Form 1099), determine California non-resident withholding and fulfill reporting obligations under the California Independent Contractor Reporting Law. Payment will be subject to a combined federal and state income tax backup withholding of 35%, without a valid FEIN/SSN. See next page for more information and Privacy Statement.

PAYEE DATA RECORD TYPE

Check the boxes that apply to Sacramento County's payments to you

☐ Goods ☐ Services ☐ Medical Services ☐ Legal Services ☐ Rents/Lease ☐ Other _____

PAYEE INFORMATION

NAME (as shown on your income tax return) _____

TRADE NAME OR DBA (if different from line 1) _____

MAILING ADDRESS (Number and Street or P.O. Box Number)
(City, State and Zip Code) _____

PAYMENT REMITTANCE ADDRESS (Number and Street or P.O. Box Number, City, State and Zip Code) _____

PAYABLE CONTACT INFORMATION (Name, Phone Number and Email Address) _____

FEDERAL TAX CLASSIFICATION & DESCRIPTIONS

Check appropriate federal tax classification

☐ INDIVIDUAL OR SOLE PROPRIETOR (SSN) ☐ PARTNERSHIP (FEIN) ☐ ESTATE OR TRUST (FEIN)

SSN is necessary if an individual Sole Proprietor by activity of CA Revenue and Taxation Code Section 19809 and CA Independent Contractor Reporting Section 1288.8

☐ CORPORATION (FEIN); (MARK ONLY ONE TYPE):

☐ C CORPORATION (FEIN) ☐ S CORPORATION (FEIN)

☐ LIMITED LIABILITY COMPANIES, LLCs

☐ LIMITED LIABILITY COMPANY. ENTER THE TAX CLASSIFICATION (C=Corporation S=S Corporation P=Partnership) _____

☐ GOVERNMENT ENTITIES - Federal, State, and Local (including School Districts)

☐ EXEMPT (nonprofit) payee code if any _____ Exemption from FATCA reporting (see instructions on next page)

TAX ID NUMBER

Enter your TIN in the appropriate box. If you are an individual or sole proprietor you must enter your SSN. Single member LLCs (disregarded entities) must enter the TIN of the owner identified on the Name line.

SOCIAL SECURITY NUMBER _____ EMPLOYER IDENTIFICATION NUMBER _____

RESIDENT STATUS

☐ California Resident - Qualified with Secretary of State to do business in California or maintains a permanent place of business in California. (See Nonresident Withholding on next page)

☐ California Nonresident - Subject to State income tax withholding (see Nonresident Withholding on next page)

☐ California Nonresident Exemption - To qualify for exemption, check one of the following:

☐ No services provided in California.

☐ A completed Franchise Tax Board Form 500. - (must be attached)

☐ A waiver of State withholding from Franchise Tax Board. - (must be attached)

CALIFORNIA SALES TAX PERMIT NUMBER
(required only for California nonresident vendors that charge California sales tax) _____

CERTIFYING SIGNATURE

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a United States person (including a United States resident alien), and

4. The FATCA codes(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

5. If facts change upon which this form is based, I will promptly notify the County of Sacramento.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME & TITLE (Type or Print) _____ E-MAIL ADDRESS _____

SIGNATURE OF U.S. PERSON _____ DATE _____ TELEPHONE NUMBER _____

(REV. April 2017)

APPLICATION – Organization Narrative

1. Organization Category

Select the category that best describes the ***mission*** of the organization:

- a. Arts and Culture
- b. Community Development and Services
- c. Economic or Workforce Development
- d. Health & Human Services

2. Organization Description – 1500 Character Limit

Provide a brief description of your organization, its mission, and primary programs and services.

APPLICATION – Organization Narrative

3. Accomplishments and Challenges – 1000 Character Limit

- Summarize your organization's accomplishments and challenges over the past year.
- Describe short and long term challenges. Additionally, describe any future plans for the organization.

4. Organization Administration – 1000 Character Limit

- Explain how your organization's administration and board is structured. Include staff, number of board members, officers, board committees and their responsibilities.

5. Staff Qualifications or Biographies – 1200 Character Limit

- Provide a list of Board members and key staff members with their biographies/qualifications to perform their role in the organization.

APPLICATION – Organization Narrative

6. Number of Full Time Staff

- Please enter the number of paid full-time employees of the organization.

6a. Number of Part Time Staff

- Please enter the number of paid part-time employees of the organization.

6b. Number of Volunteers

- Please enter the number of volunteers for the organization. This number should also include the Board of Directors/Members if they are not compensated by the organization.

7. Number of Years in Operation

- How long has the organization been operating in Sacramento County as a non profit entity?

APPLICATION – Organization Narrative

8. Total Organization Budget

- Provide the total organization budget that will be supported by the upload in item #9.

Fiscal Year End Date

- Provide the Fiscal Year End Date for the organization.

9. Final Adopted Fiscal Year Budget – *Limit 2 pages*

- Please provide your last completed Fiscal Year budget which has been adopted by the Board of Directors.
- A Budget Summary may be provided if the completed Fiscal Year budget exceeds 2 pages.
- A space has been provided for any clarifications to the budget document submitted.
(If the organization has a deficit or surplus of funds, please explain why)

APPLICATION – Project Information

10. **Project Title – 75 Character Limit**

Please provide a descriptive title for the application project/program.

11. **Project Summary – 300 Character Limit**

Provide a brief overview of how the grant funds would be used. This description will be used to introduce your proposal to the Review Panel and Board of Supervisors. If funded, it will be used to describe your approved grant.

12. **Total Grant Amount Requested**

Minimum request level is \$5,000 and may not exceed \$50,000.

- Organizations should apply for no more than 20% of their last FY Budget or \$5,000 (minimum request) whichever is larger.

13. **Project Location (Supervisory District)**

Please indicate where the project will take place

14. **Communities Served by Project**

Select All that Apply

APPLICATION – Project Narrative

15. Project Description – 2000 Character Limit

Provide a detailed description of the proposed project. Emphasize how this project will serve the Sacramento Community through innovation, education, training, tourism or the underserved.

16. Project Timeline – Activities & Outcomes – 1000 Character Limit

Describe the timeline for implementation of your project over a 11 month period. The timeline should list key dates/months that correspond to the description of the activities to take place on those dates/months and expected outcomes.

The timeline should reflect what will be in the project Scope of Services, should your organization be awarded a TOT Grant.

17. Description and Demographics of Community Served – 750 Character Limit

Please describe the demographics (age, ethnicity, income, education level if available) and characteristics of the community where your project will take place.

APPLICATION – Project Narrative

18. Project Community Impact – 750 Character Limit

Provide and explain:

- How many people will benefit from the project? Include an explanation of how you calculated this number.
- Describe the specific needs of the community and how this project will meet those needs.
- Additionally, explain how this project will attract, recruit and engage this community

19. Relationship and Experience – 750 Character Limit

Describe your organization's relationship to and experience working with this community.

What demonstrated successes have you had with this or other projects/programs within this community?

APPLICATION – Project Narrative

20. Evaluation and Measurements – 750 Character Limit

- How will your organization measure the success of the project? Explain the specific quantitative methods that will be used for evaluating and measuring the project's success. For example, number of participants or people served, pre and post surveys, social media platforms metrics, statistics etc. If this project has been produced in the past, please include the outcomes.

21. Project Sustainability & Future Funding Plan – 750 Character Limit

- Describe how your organization will address the income gap if the TOT Grant does not fully fund your request. *For example, the program will be cancelled or modified, expenses will be cut, additional funds will be sought or are already in hand, etc.*
- Indicate ways in which future funding needs for your requested project will be addressed after funding from the TOT Grant has ended. For example, if your project request is for an ongoing program or project, how will the funding be secured in the future?

APPLICATION – Project Narrative

22. Location Improvements

Do you plan to make changes to your physical location to facilitate the success of your project? **If yes, a letter of support is required from the property owner and a long term lease is recommended.*

Long-Term Lease Upload

If you answered “yes” to question #22, please upload the letter from your property owner and a copy of the long-term lease.

APPLICATION – Budget

23. Total Project Budget – 20 Character Limit

Provide the total budget for the proposed project or program. (This includes your requested funding and any other funding needed.)

24. Minimum Amount for Project to Take Place

Minimum amount from the TOT Grant funding required for the proposed project to be started and completed. (Between \$5,000 - \$50,000)

25. Percent of Overall Project Budget – 4 Character Limit

Please provide the percentage of your request in relation to your overall project budget.

26. Percent of Organization Budget – 4 Character Limit

Please provide the percentage of your project budget in relation to your overall organization budget.

APPLICATION – Budget

27. Project Budget Form

Please download this budget form for submission, no other budget form will be accepted. Complete and upload to application.

SACRAMENTO COUNTY		2025-26 TOT GRANT PROGRAM PROJECT BUDGET FORM	
Organization Name:			
Project Name:			
PROJECT EXPENSES	COLUMN A Amount of Project Expense <i>from</i> <i>source other than</i> <i>TOT Grant</i>	COLUMN B Amount Requested from TOT Grant	COLUMN A+B = Grand Total
Personnel: List project Personnel Expenses. Be specific and identify if employee is full time, half-time or a consultant. Please include the			
Title:	\$ -	\$ -	\$ -
Title:	\$ -	\$ -	\$ -
Title:	\$ -	\$ -	\$ -
Operating/Production Expenses. Be specific			
Facilities (rent or overhead expenses)	\$ -	\$ -	\$ -
Equipment (rental or purchase)	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Printing	\$ -	\$ -	\$ -
Advertising, promotion	\$ -	\$ -	\$ -
Meeting/Travel	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -
TOTAL PROJECT EXPENSES	\$ -	\$ -	\$ -

APPLICATION – Budget

Project Revenue

SOURCES OF PROJECT REVENUE:	COLUMN A Secured Funding	COLUMN B Pending Funding	COLUMN A + B = Grand Total
Sacramento County-TOT Grant funding request. This amount should be the amount you are requesting for the described project and be placed in the "Pending Funding" column	\$ -	\$ -	\$ -
Foundations (please list the names of the Foundations and amounts individually - add lines as needed)	\$ -	\$ -	\$ -
Business and Corporate contributions (please list the names of the Corporations/businesses and amounts individually - add lines as needed)	\$ -	\$ -	\$ -
Individual contributions	\$ -	\$ -	\$ -
Government Grants (please list the names of the Granting organizations - add lines as needed)	\$ -	\$ -	\$ -
Other (specify source of funding - add lines as needed)	\$ -	\$ -	\$ -
Events or Ticket Sales	\$ -	\$ -	\$ -
Publications & Products	\$ -	\$ -	\$ -
Membership Income	\$ -	\$ -	\$ -
In-kind Support (please list the type of in-kind support and corresponding value of that contribution)	\$ -	\$ -	\$ -
TOTAL PROJECT REVENUE	\$ -	\$ -	\$ -

APPLICATION – Budget

Project Budget Form - Summary

TOTAL PROJECT EXPENSE	\$	-		
TOTAL SECURED FUNDING	\$	-		
TOTAL PROJECT EXPENSE LESS SECURED FUNDING	\$	-		
** It is expected that you may be seeking more funding than the project expense.				
<u>Clarifications (details about supplies needed, foundation contributions and amounts, etc.)</u>				

Project Budget Clarifications (optional) – 300 Character limit

Any budget clarifications or additional details may be included on the budget form itself such as:

- details about supplies needed
- foundation contributions and amounts
- Mention of a quote for equipment

APPLICATION – Additional Documentation

Organizational Support Samples

Please upload documentation to directly support your application. Documentation should speak to the specific need, expertise and impact the organization will have on the community to be served.

- 3 files (Word or PDF format)
- File size limits: 2 MB each
- No more than 5 pages
- Samples can include:
 - Letters of Support or Testimonials from past participants, members of your organization and/or the community are highly recommended.
 - Newspaper, magazine articles, annual reports, or other publications featuring stories about your organization.
 - Brochures, postcards, programs, newsletters or other promotional materials.

APPLICATION REVIEW

Applications will be reviewed on the basis of the following:

1. Quality and Capacity of the Organization (15 Points)

- The organization has significant accomplishments.
- Clear budgetary/financial information.
- Confidence in the organizations ability to carry out the project.
- Supplemental material enhances the application.

2. Strength of Proposed Project (15 Points)

- Project is clear and concise.
- Resources needed for the project completion are identified.
- Project relates to the organizations mission or the community it serves.
- Project can be completed within the proposed timeline.
- Intended outcomes and methods for evaluating and measuring success are fully articulated.

APPLICATION REVIEW

Applications will be reviewed on the basis of the following:

3. Project Impact and Sustainability (20 points)

- A detailed description of the community to be served is clearly outlined.
- Organization's mission and programs are connected to the community the project will serve.
- Compelling explanation of the community need and significant impact from the project.
- Supplemental material clearly demonstrates the organization and the community it serves.

WHAT HAPPENS TO YOUR APPLICATION?

Applications are evaluated according to the “Review Criteria”.

STEP 1: County staff review applications to ensure they meet minimum qualifications. Incomplete applications will not be considered.

STEP 2: Applications are reviewed, in closed session, by advisory panelists. Each panel comprises a diverse group of experts with knowledge in the areas under review and ranked.

STEP 3: Panelist recommendations are reviewed by the County Board of Supervisors TOT Committee.

STEP 4: County Board of Supervisor TOT recommendations are reviewed by the County Board of Supervisors at a regularly scheduled meeting and makes the final decision on all grant awards.

Applicants are notified of funding decisions.

Questions

APPLY ONLINE



Deadline to apply: Friday, February 14, 2025 (5pm)
Awards Anticipated Announcement: June 2025

Details: <https://bdm.saccounty.gov/TOTGrantProgram>
Questions: Email - SacCountyTOTAdmin@saccounty.gov