**GOOD NEIGHBOR PROGRAM**

**Guidelines**

Thank you for your interest in the Conrad N. Hilton Foundation’s Good Neighbor program. The Foundation has created this grantmaking program to recognize the critical work being conducted in the local community near and around our offices in Westlake Village, California. These grants will be guided by the same philosophy that guides our priority program grants—addressing the needs of individuals living in poverty or experiencing disadvantage. **The primary geographic focus of these grants will be the Conejo Valley, extending northwest to Camarillo, Oxnard, and Ventura. Applications submitted for projects outside of the geographic focus may not receive a response.**

The average Good Neighbor grant ranges from $5,000 and $10,000 (and typically does not exceed 10% of an organizations operating budget). The maximum grant award is $15,000. The Foundation does not accept multi-year requests.

Good Neighbor grantees are eligible to apply for a second consecutive year funding. There is no guarantee of renewed funding. Generally, after two consecutive grants, agencies must wait one year after the close of the second grant to re-apply to the Good Neighbor Grant Program.

The deadline to submit a request is September 30th. Requests submitted after September 30th will be reviewed in the following calendar year.

**Grant Limitations**

Good Neighbor grants are not made:

* To organizations that discriminate against certain groups or individuals in the delivery of programs and services on the basis of race, religion, national origin, gender, age, sexual orientation or disability
* For influencing legislation and/or elections, promoting voter registration; for political candidates, political campaigns
* For social or political issues outside the United States of America
* To individuals
* For temporary exhibits, travel, surveys, films or publishing activities
* For endowment funds
* For fundraising dinners or events
* For sponsorships or events

For any questions please email [GMdepartment@hiltonfoundation.org](mailto:GMdepartment@hiltonfoundation.org)

CONRAD N. HILTON FOUNDATION

1 Dole Drive

Westlake Village, CA 91362

818.851.3700

[www.hiltonfoundation.org](http://www.hiltonfoundation.org)

Submit completed application to: [GMdepartment@hiltonfoundation.org](mailto:GMdepartment@hiltonfoundation.org)

Cover Form

**Requested Amount:**

**Purpose of Request** (1-2 sentences)

Enter purpose here.

|  |  |
| --- | --- |
|  | **Enter response in each cell below.** |
| **Applicant Legal Name** |  |
| Also Known As |  |
| Tax ID Number (EIN) |  |
| Complete Address |  |
| Main Phone |  |
| Website |  |
| Fiscal Year End (e.g., June 30) |  |
| Current FY Organizational Budget |  |
| Previous FY Organizational Budget |  |
| Is a Fiscal Sponsor required? | Enter Yes or No  If yes, request and complete supplemental form. |
| **Name - Head of Organization** |  |
| Title |  |
| Email |  |
| **Name – Primary Contact** |  |
| Title |  |
| Direct Phone |  |
| Email |  |

|  |  |
| --- | --- |
| **X** | **Type of Support Requested** (generally mark only one) |
|  | General Operating Support |
|  | Project Support  Total Project Budget $X (USD)  Current Amount Raised $X |

**Proposal Narrative** (1-3 pages, not including attachments)

Please provide the following information:

## Applicant Organization Background

## Briefly describe your organization’s history, mission and principal activities.

## Funding Request

## What issue/need are you planning to address with this grant?

## Please explain how this grant will address the needs of individuals experiencing disadvantage.

## Please list other funding sources for the program.

## Financial Information

## Please provide a copy of your current fiscal year operating budget.

* Complete the Good Neighbor Budget Template below

Additional Information (optional)

* Include additional relevant documents to accompany your application.

|  |  |  |
| --- | --- | --- |
| **Proposed Project / Program Budget** (first three items are examples, please modify as needed) | **Year 1** |  |
|  |  |  |
|  |  |  |
| Programs |  |  |
| Fundraising |  |  |
| Administration |  |  |
| [other expense] (1) |  |  |
| [other expense] |  |  |
| [other expense] |  |  |
|  |  |  |
| **Total Budget** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Additional Instructions:** |  |  |
|  |  |  |
| (1) Please add significant expenses or important costs to your project / program that are not included already in this template | | |
|