

Sandia National Laboratories and National Technology and Engineering Solutions of Sandia (NTESS) provide grants to address the greatest challenges in our communities at our locations in Albuquerque, New Mexico (primary site) and Livermore, California. Corporate contributions are provided in the areas of **Family Stability** and **Educational Success**, recognizing that both are critical to a thriving community.

## INSTRUCTIONS

### 1 BEFORE STARTING

Please review the [Corporate Contributions Overview](#) prior to applying for a grant.

If your organization received a grant in the previous year, please ensure you have provided a Corporate Contribution Grant Report before you apply for additional funding. If you did not receive a request to submit a report, please contact Roberta Rivera.

### 2 SAVING COMPLETED APPLICATION

Please complete this form electronically. When you are finished, save the PDF as YYYYOrganizationName.pdf.  
*Ex: 2021DowntownFoodBank.pdf*

## CONTACT INFO

✉ **COMPLETED APPLICATION**  
[communityinvolvement@sandia.gov](mailto:communityinvolvement@sandia.gov)  
*by the grant cycle deadline*

❓ **QUESTIONS TO**  
Roberta Rivera (NM)  
[rjriver@sandia.gov](mailto:rjriver@sandia.gov)  
  
Kayla Norris (CA)  
[knorri@sandia.gov](mailto:knorri@sandia.gov)

## 1. Organization Information

1a. Organization name

1b. Brief description of agency/  
mission statement  
*Maximum of 50 words*

1c. Doing Business As (DBA)  
name, if applicable

1d. Fiscal agent partner,  
if applicable

1e. Method of receiving funds Is your organization able to accept an electronic fund transfer (EFT)?  Yes - Complete Part A only  No - Complete Part B only

A [ Beneficiary name (within 12 characters)   
Bank routing number   Checking  
Account number   Savings

B [ Check payable to

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1g. Mailing address Street   
City  State  Zip

1h. Year founded

1i. Counties served  Bernalillo, NM    Torrance, NM    Alameda, CA    Other:  
 Sandoval, NM    Valencia, NM    San Joaquin, CA   \_\_\_\_\_  
*May check more than one*

1j. Operations Total current year annual operation budget  Number of paid staff (total FTEs)   
Actual total revenues from last completed fiscal year

1k. Website

1l. Social media account links

## 2. Contact Information

2a. Grant contact Name   
Title   
Phone  Email

2b. Highest level official Name   
Title   
Phone  Email

## 3. Type of Request

3a. Type of request  New request    Previously funded request

3b. Type of program  New program    Existing program

3c. Area of request  Family Stability    Educational Success

3d. Criteria met for **family Stability**  Hunger relief services    Services for children/families experiencing temporary crisis  
*May check more than one*  Short- or long-term housing    Not applicable  
 Workforce development

3e. Criteria met for **Educational Success**  Student academic skills    Teacher professional development  
*May check more than one*  Out-of-classroom/extended learning    Not applicable  
 Resources for under-served students

3f. Format of **Educational Success** program  Workshop    Camp    Not applicable  
*May check more than one*  Competition    Extended Program  
 Event    Other: \_\_\_\_\_

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3g. Planned total number of individuals to receive direct services

3h. Estimated percentages of individuals served from under-resourced backgrounds  
*Describe background and round up to whole percentages*  
  
*Ex: Title 1 school, receive free/reduced lunch, economically disadvantaged)*

|   |                      |                        |                      |
|---|----------------------|------------------------|----------------------|
| % | <input type="text"/> | Background             | <input type="text"/> |
| % | <input type="text"/> | Background             | <input type="text"/> |
| % | <input type="text"/> | Background             | <input type="text"/> |
| % | <input type="text"/> | Background             | <input type="text"/> |
| % | <input type="text"/> | Data was not collected |                      |

3i. Estimated percentages of gender of individuals served

|   |                      |                  |   |                      |                        |
|---|----------------------|------------------|---|----------------------|------------------------|
| % | <input type="text"/> | Male             | % | <input type="text"/> | Prefer not to disclose |
| % | <input type="text"/> | Female           | % | <input type="text"/> | Data was not collected |
| % | <input type="text"/> | Other/Non-binary |   |                      |                        |

3j. Estimated percentages of race/ethnicity of individuals served

|   |                      |                        |   |                      |                        |
|---|----------------------|------------------------|---|----------------------|------------------------|
| % | <input type="text"/> | African American       | % | <input type="text"/> | Native American        |
| % | <input type="text"/> | Asian/Pacific Islander | % | <input type="text"/> | Other/unidentified     |
| % | <input type="text"/> | Caucasian/White        | % | <input type="text"/> | Prefer not to disclose |
| % | <input type="text"/> | Hispanic               | % | <input type="text"/> | Data was not collected |

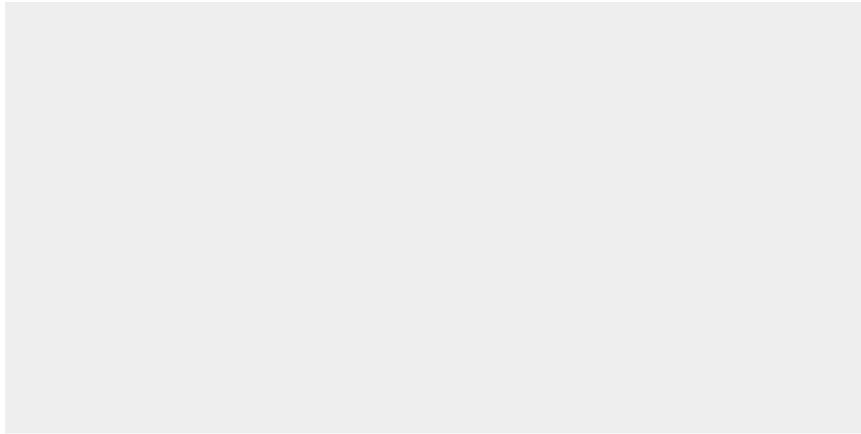
## 4. Program Description

4a. Program short title

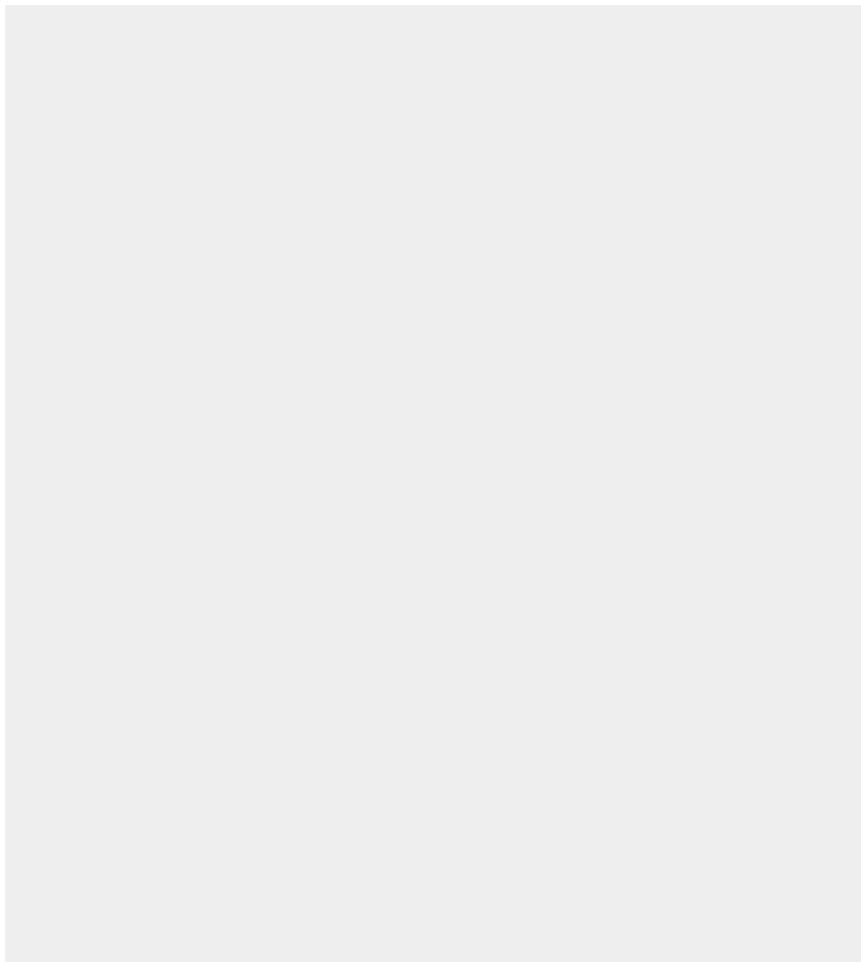
4b. Briefly describe the program  
*Maximum of 200 words*

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4c. Describe the need for the program  
*Maximum of 100 words*



4d. Describe the service(s) that will be provided to respond to the need(s)  
*Maximum of 300 words*



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4e. Describe how the program will be implemented (please include pandemic contingency plans/ virtual delivery options as appropriate)  
*Maximum of 300 words*

A large, empty gray rectangular area intended for the applicant to describe how the program will be implemented, including pandemic contingency plans and virtual delivery options.

4f. Describe how the program compliments or adds to existing services within the local community/partner agencies  
*Maximum of 100 words*

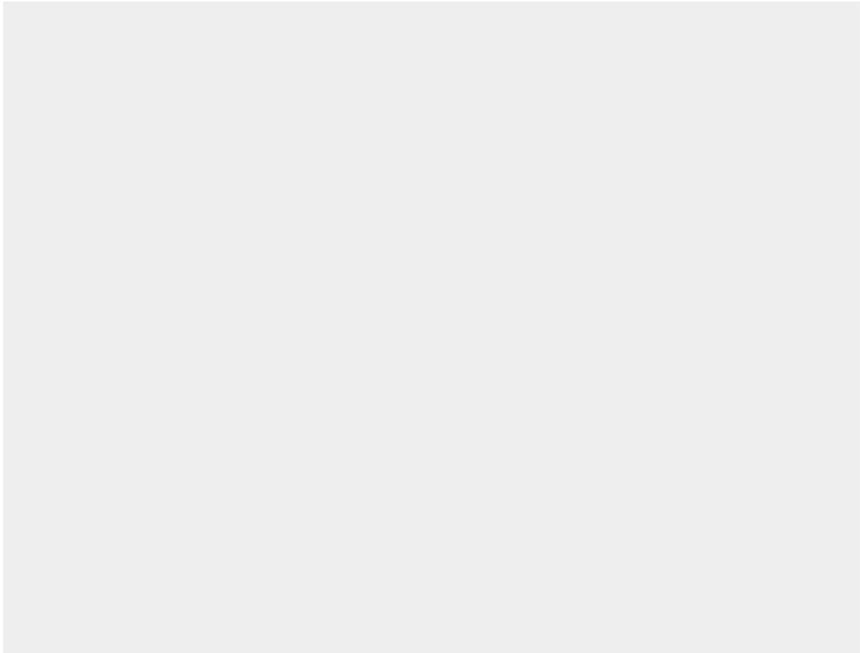
A large, empty gray rectangular area intended for the applicant to describe how the program compliments or adds to existing services within the local community or partner agencies.

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## 5. Anticipated Outcomes

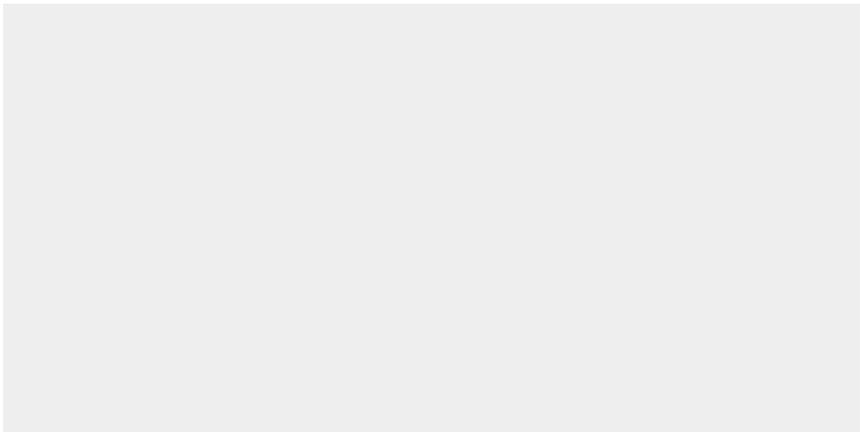
5a. Describe the program's planned outcomes

*Maximum of 200 words*



5b. Describe how progress towards planned outcomes will be measured

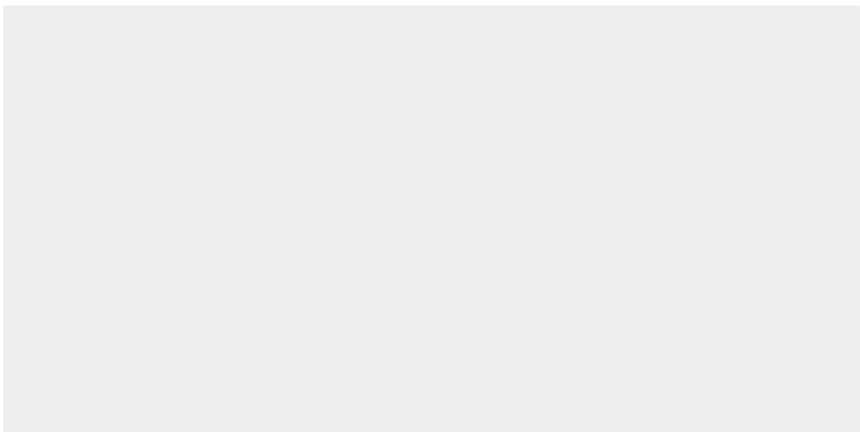
*Maximum of 100 words*



## 6. Results

6a. Describe relevant quantitative and/or qualitative results for existing programs, if not previously reported.

*Maximum of 100 words*



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## 7. Request for Funding

7a. Amount requested  
*Maximum of \$25K*

7b. Total cost to implement the program

7c. Describe how grant funds will be utilized/allocated  
*Maximum of 75 words*

7d. List other committed/anticipated funders of the program

7e. Describe the plan for program sustainability  
*Maximum of 150 words*  
  
*Ex: Funding diversification, staffing, program improvement/innovation strategies, partnerships, etc.*

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## 8. Optional, Additional Information

8a. Please enter any additional information, if needed.  
*Maximum of 300 words*