



**FIREAID LA
COMMUNITY
GRANTS
PROGRAM**

HOW TO APPLY
GUIDE



APPLICATION STEPS

This guide is provided as a “How To” for the FireAidLA Community Grants Program application.

Follow these step-by-step instructions to complete your application accurately.

HOW TO START THE APPLICATION

Access the Submittable application through the FireAidLA Community Grants Program [Application Portal](#).

Complete the Application Steps that follow to start a new application or resume a saved application if returning.



REVIEW THE GUIDELINES



FireAidLA Community Grants Program

Ends on Wed, Apr 16, 2025 11:59 PM

BACKGROUND

FireAid, a benefit concert held on January 30, 2025, has raised funds to address the impact of the January 2025 LA wildfires, which devastated communities such as Altadena, Pacific Palisades, and others. With funding from FireAid, Community Partners is providing grants between \$10,000-50,000 to community organizations engaging in direct fire relief activities. Grants can support costs related to fire relief provided since the fires broke out on January 7, 2025 as well as upcoming relief efforts.

PROGRAM REQUIREMENTS

- **Funded Activities:** Direct relief that addresses immediate needs for individuals, families, workers, and businesses impacted by the fires and crisis response
- **Geographic Focus:** Grantees must demonstrate support for those affected by the LA wildfires
- **Eligible Organizations:** Only established 501(c)(3) non-profit organizations and fiscally sponsored groups are eligible. Priority will be given to local Los Angeles-based organizations

AWARD SIZE

Awards can range from \$10,000 to \$50,000. Award amounts will be based on the following criteria:

- **Experience:** Ability to serve communities impacted by recent wildfires
- **Impact:** Scale of the relief activities, including the number of people served and the community need being addressed
- **Capacity:** Organization's ability to deliver relief quickly
- **Funding Request:** Requested award amount and the planned use of funds

ELIGIBILITY CRITERIA

Eligible applicants must meet the following criteria:

- Proof of 501(c)(3) status or fiscal sponsorship
- Annual budget and revenues under \$1 million
- Evidence of serving fire-impacted populations or plans to do so

*Organizations that have previously received fire relief funding are eligible to apply for these grants.

ELIGIBLE ACTIVITIES

Activities must focus on direct fire relief efforts that address immediate needs and crisis response, including but not limited to:

- Cash assistance
- Groceries and emergency supplies
- Emergency childcare
- Rental assistance
- Medical Care and Mental Health

APPLICATION TIMELINE

- Application Period: Open from March 25, 2025 at 12:00 PM (noon) through April 16, 2025 at 11:59 PM.
- Grant Award Notification: Applicants will receive award notifications on or around April 30.

FREQUENTLY ASKED QUESTIONS

Review the most frequently asked questions (FAQs) to prepare you for the application process.

Download and view our most recent answers to frequently asked questions [here](#).

View the full documents required list on the [FireAidLA Community Grant Program Portal](#)

If you have any questions prior to beginning your application, please reach out to FireAidLA@communitypartners.org or call or call 213-529-9953

STEP 1: APPLICANT CONTACT INFORMATION

501c3 organizations and fiscally sponsored organizations are eligible for this opportunity.

- To begin, you'll mark whether you applying as a 501c3 or fiscally sponsored organization.
- Provide your organization's name and doing business as (DBA) name, if applicable.
- For fiscally sponsored organizations, provide the name of your fiscal sponsor.
- Provide your key contact information. Enter your full legal name as it appears on your government-issued ID. If this individual is not your organization's signatory, provide the signatory's key contact information.

Note, you are able to save and return to your application. For more information on saving your application, take a look at [this link](#).

Is your organization a fiscally-sponsored organization? (required)

Yes

No

What is the name of your organization? (required)

Limit: 300 characters

Does your organization use a DBA?

Yes

No

Primary Contact Full Name (required)

First Name (required)

Last Name (required)

Primary Contact Title (required)

Primary Contact Email (required)

Primary Contact Phone Number (required)

Is the primary contact the organization's signatory? (required)

Yes

No

STEP 2: ORGANIZATION INFORMATION

- Provide your organization’s business address and/or mailing address. If your business and mailing address differ, you will select “yes,” you will then be prompted to provide both addresses.
- Provide a brief description or the mission statement for your organization (not your fiscal sponsor organization). **If you are selected for a FireAidLA Community Grant, your mission or brief description will be used in the public announcement and communications materials.**

Note, there is a suggested word count of 50 words or less for this section. The word count is a suggestion, not a limit. Do not feel the need spending time editing for precise word count.

Is your business address different from your mailing address? (required)

Yes

No

Mailing Address (required)

Country (required)

Select... ▾

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or Region (required)

Zip or Postal Code (required)

Mission Statement or brief description of your organization (suggested 50 word count) (required)

I confirm that if my organization is selected for a grant, I grant permission for my organization mission or brief description of my organization to be used in public announcements and communications materials.

(required)

STEP 3: UPLOADING DOCUMENTS

Upload the required documents accurately and successfully to be considered for a grant award

- **Fiscal Sponsor Agreement Letter**
 - Only applicable to fiscally sponsored organizations (if selected earlier in the application)
- **IRS Determination Letter**
 - For fiscally sponsored organizations, please upload the IRS Determination Letter of your fiscal sponsor
- **Documented 2024 Organizational Financials**
 - Examples of organizational financials include IRS Form 990, Budget to Actuals, Profit and Loss Statements, etc.
- **Proof of Active Status and Good Standing**
 - You can find your proof of good standing through the following [CA Secretary of State Link](#) and upload a screenshot to the Submittable application

If you have questions about the documents required contact us at FireAidLA@communitypartners.org. For support on how to upload documents to your application, visit [this Submittable help page](#).

Upload your fiscal sponsor agreement letter *(required)*

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .qif, .jpg, .jpeg, .png, .svg, .tif, .tiff

IRS Determination Letter (Upload the IRS Determination Letter of your Fiscal Sponsor if you're fiscally sponsored) *(required)*

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .qif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Documented 2024 Organizational Financials (ie Form 990, Budget to Actuals, Profit and Loss, etc) *(required)*

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .qif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Proof of Active Status In Good Standing with the State of California *(required)*

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .qif, .jpg, .jpeg, .png, .svg, .tif, .tiff

STEP 4: ORGANIZATION VERIFICATION DOCUMENTATION

Please enter your EIN to verify your 501(c)3 status. *(required)*

 -

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Has your organization been directly impacted by the fires? Ex. Were your staff displaced unsafe due to the fires? *(required)*

Yes

No

Fire Relief Work Status *(required)*

Proposed fire relief project has already been completed

Proposed fire relief project has started and is ongoing

Proposed fire relief project has NOT yet started.

Select which priority group is being served (select all that apply) *(required)*

Individuals

Families

Workers

Businesses

- Enter your organization's Employer Identification Number (EIN) so that we can verify your 501c3 status. (For fiscal sponsored organizations, this will be your fiscal sponsor EIN)

Note, please double check that the EIN entered is correctly and accurately.

- We know that some organizations have been directly impacted by the fire damage. For example, if your staff were displaced or your office rendered unsafe due to any of the LA fire events please answer yes.

- Indicate the timeframe for the relief work you are applying for.

*Note, eligible activities include **completed, ongoing, or new direct fire relief efforts that address immediate needs and crisis response for individuals, families, workers and businesses, such as but not limited to:***

- *Cash assistance*
- *Groceries and emergency supplies*
- *Emergency childcare*
- *Rental assistance*
- *Medical Care and Mental Health*
- *etc*

- Select which priority group is being served, please select all that apply. You can speak more to the details of your priority group(s) in the narrative portion of the application.

STEP 5: COMMUNITY IMPACT - GEOGRAPHY

Provide the primary zip code of where funded fire relief activities will take place (required)

If work will occur in multiple locations, please choose the one. You may describe the neighborhoods and cities you're working in in the following section

Please describe the cities/neighborhoods where funded fire relief activities will take place (Ex. Our activities will take place in Altadena and the Normandie Heights area of Pasadena) (required)

You may include additional zip codes or a narrative. Ex. Our activities will take place in Altadena and the Normandie Heights area of Pasadena

Beneficiaries who will receive direct relief have been affected by the following fire events (please select all that apply) (required)

- Palisades (Pacific Palisades, NW of Santa Monica)
- Eaton (Altadena & Pasadena)
- Hurst (Sylmar)
- Hughes (NW of Santa Clarita)
- Other

- Provide the zip code of where funded fire relief activities have predominantly taken place.

Note, we understand that some organizations will be working in multiple locations. For this question, please choose one zip code. You will have the opportunity to describe the neighborhoods and cities you're working in the following question. If you are unsure, you can enter the zip code of your organization address.

- Describe the cities/neighborhoods where funded relief activities will take place to help us better understand the full scope of your relief activities beyond the zip code entered above.
- Select, via multiple choice, which fire events have affected the beneficiaries of your services to the best of your knowledge. Please select all fire events that apply. If "other" you will be prompted to provide more detail.

STEP 6: COMMUNITY IMPACT - POPULATION

Award Request Amount (\$10,000-\$50,000) *(required)*

Please round to nearest \$10,000

Please identify any specific populations that your relief activities will serve (Select all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Individuals and families <100 % of the federal poverty level | <input type="checkbox"/> Single-parent households | <input type="checkbox"/> Children & Youth (under 18 years) | <input type="checkbox"/> Young adults (18-30 years) |
| <input type="checkbox"/> Tenants/Renters | <input type="checkbox"/> Homeless & Unhoused Individuals and Families | <input type="checkbox"/> People with Disabilities (Physical & Mental Disabilities) | <input type="checkbox"/> Immigrants (including non-citizens) |
| <input type="checkbox"/> Transgender and Gender Nonconforming Individuals | <input type="checkbox"/> Older Adults (60+ years) | <input type="checkbox"/> Alaska Native/American Indian/Indigenous | <input type="checkbox"/> Asian or Asian American (EA, SEA, AMEMSA) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Latino, Hispanic, Chicano, or Latin American | <input type="checkbox"/> Native Hawaiian or Pacific Islander | |

Approximately how many people will your project serve? *(required)*

- Select your grant amount request. Grant requests can range between \$10,000 - \$50,000.
- To help us better understand who you may be serving, please identify, via multiple choice, any specific populations that your project will serve. Please select all that apply.
- Enter approximately how many people your project will serve.

Note, for completed projects, please provide the approximate number of people who were served.

STEP 7: PROPOSED RELIEF ACTIVITIES

How is your organization connected to fire impacted communities? How long have you been working with these communities? (Suggested word count: 200 words) *(required)*

Relief Activities – briefly describe what your organization will do, the community you'll serve, and how this project will provide relief to the populations served. (suggested word count: 200 words) *(required)*

Provide a budget narrative describing how you will spend grant funds. (suggested word count: 200 words) *(required)*

Timeline – Please provide the start and end dates of the relief activities, and when grant funds will be fully spent. (suggested word count: 200 words) *(required)*

Provide responses to 4 narrative questions on your program details and community impact.

1. Share how your organization is connected to fire impacted communities and how long you have been working with these communities.
2. Briefly describe your relief activities, describing what your organization did or will do, and how this project provides relief to the populations served.
3. Provide a budget narrative that shows what expenses grant funds will pay for.
4. Provide a timeline of relief activities, which may extend past when you will use all proceeds from this grant, for example if you have received financial support from other sources.

Note, there is a suggested word count of 200 words or less for this section. The word count is a suggestion, not a limit. Do not feel the need to spend time editing for precise word count.

STEP 8: OPTIONAL INFORMATION

- Optional: Share anything else we should know about your project.
- Optional: Upload any additional materials you'd like to share.

Note, it is not required for you to share further information or supplemental materials. If there is further information relating to your application and project proposals you'd like to share with us, we welcome it.

Anything else we should know about your project?

Any additional materials you'd like to share?

[Choose File](#)

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

STEP 9: REVIEW AND SUBMIT

I agree with [Terms of Use](#) *

Save Draft

Submit

Drafts may be visible to the administrators of this program.

- Carefully check all entered information for accuracy.
- Ensure all required documents are uploaded.
- Agree with the Terms of Use
- Click submit!
- If you've submitted correctly, you will receive a confirmation email.

If you have any questions prior to submitting your application, or if you realize you need to correct any information you have entered, please reach out to FireAidLA@communitypartners.org by April 15, 2025, at 5:00 PM

The application deadline is April 16, 2025, at 11:59 PM