



Grant Application

Fillable PDF

Mission:

The mission of the St. Francis Foundation of Santa Barbara is to promote and support healthcare in the St. Francis tradition in the Santa Barbara South Coast community, with particular attention to those most in need.

Due Date: April 3, 2023

Do not submit a paper application, please help save the trees!

All documents must be submitted in Pdf format only to: grants@stfrancisfoundationsb.org

Questions: info@stfrancisfoundationsb.org

Please be sure all of the following information (*excluding this page*) is submitted in the listed order.

- Cover Sheet
- Proposal Narrative (up to 3 pages)
- Board of Directors/Governing Body List
- Project Budget
- Organization Financial Summary
- Organization Balance Sheet
- A Copy of Your IRS Final Determination 501(c)(3) Letter



St. Francis Foundation of Santa Barbara: Grant Application

• Cover Sheet •

Legal Name of Applicant Organization: _____

Project Name (if applicable): _____

Funds will pay for: _____

Full Mailing Address: _____

Location(s) if different from above: _____

Executive Director: _____

Phone: _____ Website: _____

Email: _____

Contact Person & Title: _____ Phone: _____

Tax-exempt Status: *(You must check this requirement before applying.)*

501(c)(3) Granted Tax I.D. Number: _____ Other: _____

Type of Request:

General Support

Program Support

Capital

Multi-Year

Other: _____

This Grant Request: \$ _____ Total Project Budget: \$ _____

Grant Period from: _____ To: _____

Total Organizational Budget for Current Year: \$ _____ Fiscal year begins: _____

Summarize the organization's mission statement (two to three sentences):

Summarize your grant request (two to three sentences):

Proposal Authorization

We certify that the information in this application is to the best of our knowledge true and accurate and is submitted with our Board of Directors'/Governing Body's full knowledge and endorsement:

_____	_____	_____
Signature	Name & Title of Authorized Board/Governing Body Representative	Date

_____	_____	_____
Signature	Name & Title of Authorized Board/Governing Body Representative	Date



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• *Proposal Narrative* •

Directions:

Limit your Proposal Narrative to three (3) pages maximum, with 0.8 inch margins, 12 point font or larger. Fill in each section using the specific questions below as boldface headings with your responses in normal text.

Narrative must be submitted as a PDF.

Background (One page or less)

1. Your organization's history and accomplishments.
2. Your current programs and activities. Include the constituency you serve, with specific demographic information. How are they actively involved in your organization and/or how do they benefit from your organization's work?
3. Your organization's relationships – both formal and informal – with other organizations working to meet the same need. In what way does your work differ from that of other organizations?

Funding Request

1. What need or problem does your project work to address?
2. In a short paragraph, tell us your project's (or organization's) goals and the specific outcomes you project for the grant period (i.e. numbers served, behavior or attitudes changed, capital project completed, etc.).
3. Describe your project or the capital items requested, including:
 - Whether the project is new, ongoing or an expansion
 - Target audience, including specific demographic information
 - Activities/strategies that will be used to meet your stated outcomes
 - General timeline for the main objectives of your project
4. If this is a request for General Support, what are your organization's most pressing needs?
5. How do you plan to evaluate the effectiveness or impact of the project?
6. Summarize the skills and relevant experience of key staff/volunteers essential to the project's success. If other organizations are collaborating on this project, note which ones and in what ways.
7. If full funding is not available, what is the contingency plan for securing additional support and/or how can you modify your proposal?



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• Project Budget •

Organization Name: _____

Name of Project (if different): _____

Budget dates for grant period: _____

INCOME:

Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.

Source	Total Project (\$)	Pending (\$)	Secured (\$)	Notes
TOTAL INCOME:				

List the In-Kind (non-cash) contributions: _____

EXPENSES:

Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, capital items, etc.

Item	Total Project (\$)	This Request (\$)	Notes
TOTAL EXPENSES:			



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• Organizational Financial Summary •

Organization Name: _____ Fiscal Year Dates: _____

INCOME:

Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.

Source	Prior Year's Actual(\$)	Projected Annual Budget (\$)	YTD Actual (\$) as of ()
TOTAL INCOME:			

List the In-Kind (non-cash) contributions: _____

EXPENSES:

Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, etc.

Item	Prior Year's Actual(\$)	Projected Annual Budget (\$)	YTD Actual (\$) as of ()
TOTAL EXPENSE:			
NET PROFIT OR LOSS:			
Total Capital Expenses:			

i.e., computers, vehicles, building improvements, etc.

Notes:



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• Organizational Balance Sheet Summary •

ASSETS	MOST CURRENT (\$) as of ()	PRIOR YEAR CLOSE (\$)
Current Assets		
Cash and Equivalents		
Accounts Receivable		
Prepaid Expenses		
Inventory		
Grants/Pledges Receivable		
Other		
Fixed Assets (Net)		
Property		
Buildings		
Equipment		
Investments		
Endowments		
Other		
TOTAL ASSETS		

LIABILITIES	MOST CURRENT (\$) as of ()	PRIOR YEAR CLOSE (\$)
Current Liabilities		
Accounts Payable		
Accrued Expenses		
Long Term Debt (Current Portion)		
Short Term Debt		
Other		
Long Term Debt (over a year)		
Loan		
Other		
TOTAL LIABILITIES		

Net Assets		
Unrestricted		
Temporarily Restricted		
Permanently Restricted		
TOTAL LIABILITIES AND NET ASSETS		