



Grant Application SHORT FORM

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: February 21, 2025

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 (1 page)
- Board of Directors/Governing Body List
- Project Budget



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• 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: _____ Email: _____

Contact Person & Title: _____

Phone: _____ Email: _____

Website: _____

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 Program Budget: \$ _____

Grant Duration: From: _____

To: _____

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

Total served annually with this grant: _____

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* •

Funding Request (One page or less)

1. What need or problem does your project work to address?
2. Briefly describe your project.
3. If this is a request for General Support, what are your organization's most pressing needs?
4. 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.
5. 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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• *Board of Directors/Governing Body* •

Directions:

Attach additional sheets if necessary.

Name	City	Affiliation/Profession	Board Position	Years of Service

How often does your governing body meet?: _____



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• Project Budget •

Organization Name: _____

Name of Project (if different): _____

Budget dates for grant period: _____

Total Served Annually: _____

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:			