



Grant Application LONG 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, 2026

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

All documents must be submitted in PDF format only to:

grants@stfrancisfoundationsb.org

Kindly submit only the information requested in this application—no additional details are necessary.

Questions: tina@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



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: _____ 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 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* •

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 (two pages or less)

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:
 - 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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• *Board of Directors/Governing Body* •

Directions:

Attach additional sheets if necessary.

| Name | City | Affiliation/Profession | Board Position | Years of Service |
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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 |
|------------------|--------------------|--------------|--------------|-------|
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| 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 |
|--------------------|--------------------|-------------------|-------|
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| 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 () |
|----------------------|-------------------------|------------------------------|---------------------------|
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| 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 () |
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| TOTAL EXPENSE: | | | |
| NET PROFIT OR LOSS: | | | |

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|--------------------------------|--|--|--|
| Total Capital Expenses: | | | |
|--------------------------------|--|--|--|

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

Notes: