

# 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, 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

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



## • Cover Sheet •

Legal Name of Applicant Organization	on:			
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:				
Website:				
Tax-exempt Status: (You must check this $501(c)(3)$ Granted $\Box$ Tax I.D. Number 1.1.				
Type of Request:				
General Support □ Progra	ım Support □	Capital □	Multi-Year □	
Other:				
This Grant Request: \$		Total Program B	udget: \$	
Grant Duration: From:		To:		
Total Organizational Budget for Cur-	rent Year: \$	F	iscal year begins:	
Total served annually with this grant	:			
Summarize your grant request (two t	to three sentences):			
Proposal Authorization We certify that the information in the submitted with our Board of Directors	* *		· ·	rate and is
Signature	Name & Title of Auth	norized Board/Governing Bo	dy Representative	Date
Signature	Name & Title of Auth	norized Board/Governing Bo	dy Representative	Date



## • 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?



• 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?: \_\_\_\_\_



# • Project Budget •

Organization Name:				
Name of Project (if d	ifferent):			
Budget dates for gran	t period:			
Гotal Served Annuall	y:			
INCOME:				
	ıment grants, foundation grant	s, individuals, business sup	pport, events, fees for service, e	etc.
Source	Total Project (\$)	Pending (\$)	Secured (\$)	Notes
TOTAL				
INCOME:				
List the In-Kind (non	n-cash) contributions:			
EXPENSES:				
	es, professional fees, rent and ut	ilities, travel, publicitv/out	reach, events, capital items, et	tc.

Item	Total Project (\$)	T⊠is Request (\$)	Notes
TOTAL			
EXPENSES:			