



# 2017 LEAF Grant Application

## Food Systems: Building Capacity for the Santa Barbara County Food Action Plan

**Name of Organization** \_\_\_\_\_

*(If applying using a fiscal sponsor, please complete the shaded section below)*

**Organization's mission statement:**

Mailing address: \_\_\_\_\_

Grant contact: \_\_\_\_\_ Contact's title: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact's email: \_\_\_\_\_

Executive director: \_\_\_\_\_ Email: \_\_\_\_\_

Registered 501(c)(3) tax ID number (EIN): \_\_\_\_\_ Year established: \_\_\_\_\_

**Fiscal Sponsor Information** *(If Applicable):*

Name of fiscal sponsor supporting this application: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact email: \_\_\_\_\_

Registered 501(c)(3) tax ID number (EIN): \_\_\_\_\_ Year established: \_\_\_\_\_

### Proposal Information

Which of the following geographic areas best describes the community your **funding request** will primarily serve?

Please check all that apply.

Carpinteria      Goleta/Isla Vista      Guadalupe      Lompoc  
Santa Barbara      Santa Maria      Santa Ynez Valley      Other: \_\_\_\_\_

**Where will the funds be used?** \_\_\_\_\_ % North County    \_\_\_\_\_ % South County    \_\_\_\_\_ % Mid-County

**Project name or description** (in one sentence):

Amount requested: \_\_\_\_\_

Is this a new project?    Yes    No

Total project budget: \_\_\_\_\_

Expected project duration: \_\_\_\_\_

Total budget of your organization: \_\_\_\_\_

Date of project start-up (mm/dd/yyyy): \_\_\_\_\_

**Nondiscrimination statement of compliance:**

The Santa Barbara Foundation supports organizations that do not discriminate in their delivery of programs and services on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. The Santa Barbara Foundation funds projects of faith-based organizations, but those projects must be secular in nature and open to individuals of all faiths and/or those of no religious affiliation. Any funding request that would support an organization whose own policies run counter to the foundation's nondiscrimination policy may be denied even if the project and the requesting organization meet all of the other criteria for funding.

Yes, our agency is in compliance.

No, our agency does not act in accordance with the above policy and we have included a statement of explanation.

**Proposal authorization:**

I certify that the Executive Director or CEO has read and approved this proposal.

I authorize the Santa Barbara Foundation to share this proposal information with other funders

## Funding Request

1. Identify the Santa Barbara County Food Action Plan goal(s) and related strategy(ies) that your project aligns with or supports (*please identify the specific goal and strategy number*) and describe your approach – i.e., geographic (city or neighborhood) or issue specific. (approx. 150 words)

2. Describe your project including goals and desired outcome you hope to achieve with this grant. (approx. 450 words)

**3. Describe project tasks to be completed as part of this grant and provide a project timeline.** (approx. 300 words)

**4. What is the metric or measure by which you will determine success? What data, if any will you be collecting as part of this project?** (approx. 300 words)

**5. How will this project build capacity to impact or improve the local food system in Santa Barbara County?**  
(approx. 300 words)

**6. Identify the project partners and roles/responsibilities of each. Include a summary of your organization's expertise or experience in undertaking similar projects.** (approx. 300 words)

6. Describe how this project aligns with a larger strategy or plan other than the Food Action Plan (external or internal to your organization), or how the project relates to planned future work. (approx. 300 words)

7. How will this project engage community members and/or serve as an educational tool, model or demonstration for future scaling or broader adoption of practices? (approx. 300 words)

8. **What is the strategy or plan for maintaining or growing this effort into the future? Describe any other funding or resource support for this project.** (approx. 300 words)

9. **If ongoing funding is needed to continue the project into the future, explain how it would be funded or supported, or how the project will be incorporated into an existing program or structure.** (approx. 350 words)

**Board of Directors/Governing Body**

---

**Organization:** \_\_\_\_\_

How often does the Board/Governing Body meet? \_\_\_\_\_

Name	City	Affiliation/Profession	Board Position	Years of Service



**Project Budget** -- Please do not include commas in your financial figures

---

Organization Name: \_\_\_\_\_

Name of Project: \_\_\_\_\_

**INCOME**

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

Source	Total Project (\$)	Pending (\$)	Secured (\$)	Notes
<b>TOTAL INCOME</b>				

List any 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
<b>TOTAL EXPENSES</b>			

**Organization Financial Summary** -- Please do not include commas in your financial figures

Organization Name: \_\_\_\_\_

Fiscal Year Dates: \_\_\_\_\_

**NOTE: When completing the tables below, please include figures for the most recently completed fiscal year, even if unaudited.**

**INCOME**

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

Source	Prior Fiscal Year's Completed (\$)	Projected Annual Budget (\$)	YTD Actual (\$) (as of date) ____ / ____ / ____
<b>TOTAL INCOME</b>			

List any in-kind (non-cash) contributions:

**EXPENSES**

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

Item	Prior Fiscal Year's Completed (\$)	Annual Budget (\$)	YTD Actual (\$) (as of date) ____ / ____ / ____
<b>TOTAL EXPENSE</b>			
<b>NET PROFIT OR LOSS</b>			

Total Capital Expenses \_\_\_\_\_  
*i.e., computers, vehicles building improvements, etc.*

**Explanatory Notes:**