



# 2018 Community Caregiving Initiative Grant Application

## Organization Information

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

(For collaborations or fiscal agents: name of the lead organization or organization serving as the fiscal agent)

Organization's mission statement:

Full Mailing Address: \_\_\_\_\_

Grant Contact Person: \_\_\_\_\_ Grant Contact's Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact's E-mail: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Total annual operating budget of the organization (current year): \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ **Total Project Budget:** \_\_\_\_\_

**Is this a new project?**    Yes    No    **Is this a collaboration?**    Yes    No

YES, a partner roster and Collaborative Agreement are required.

**Which of the following geographic areas will be impacted by this request?** Please check all that apply.

- |  |  |                                      |                                      |
|--|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Santa Barbara | <input type="checkbox"/> Goleta            | <input type="checkbox"/> Santa Maria | <input type="checkbox"/> Lompoc      |
| <input type="checkbox"/> Carpinteria   | <input type="checkbox"/> Santa Ynez Valley | <input type="checkbox"/> Guadalupe   | <input type="checkbox"/> Other _____ |

### 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 (maximum one page).

### 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.

Yes                      No

## Project Phase

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**1. Please identify what phase of the project you will be addressing in this proposal.**

*(Check all that apply to this application)*

Pilot or Initial Startup (new program or project)

Modification or Re-tooling of existing program, service or organizational structure

Expansion or Scale-up of existing program

## Project Description

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**2. Briefly describe your project.** (approx. 148 words)

**3. What is the overarching goal or vision and desired long-term change for this project?** (approx. 148 words)

**4. What is innovative about this effort? How will this effort transform the experience of family caregiving?**

(approx. 212 words)

## Community Relevance & Timeliness

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**5. What evidence or research supports your proposed effort and outcome?** (approx. 212 words)

**6. How does this project build off or align with existing efforts in the community?** (approx. 212 words)

## Project Implementation

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- 7. Describe how you will implement the project or program, including tasks, timeline and roles of all project partners.** (approx. 330 words)

- 8. Describe expertise and capacity of the project team, including project partners, if applicable.** (approx. 330 words)

**9. Describe how this project fits into the overall strategy for achieving the goal or vision. How does it serve as a model or is scalable, if applicable?** (approx. 148 words)

### **Outcomes & Evaluation**

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**10. What are the specific outcomes or milestones you hope to achieve in the one-year grant cycle and, if applicable, the longer-term (outcomes or milestones for Year 2 and/or 3).** (approx. 294 words)

**11. What are the metrics you will use to measure results?** (approx. 148 words)

**12. How will your organization engage with the Community Caregiving Initiative evaluation and data collection activities through this effort?** (approx. 148 words)

### **Project Viability**

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**13. Describe your financial plan or business model to sustain the effort over the next 1-3 years, or your plan to grow the effort over time.** (approx. 192 words)

**14. Do you have a written sustainability plan for:**

Short-term (1 year grant cycle)

Longer-term (2-5 years)

**15. Does your financial model include any of the following sources of income:** *(briefly describe each that applies)*

**a. Earned income   b. Grants/donors   c. Venture capital/Social investor Model   d. Other** (approx. 170 words)

**16. If your project extends beyond the 1 year grant cycle (January 2018 to January 2019), please briefly describe the activities and milestones planned for subsequent years. (approx. 641 words)**

Check here to authorize the Santa Barbara Foundation to share the project contained in this application with potential donors and supporters.     Authorize     Do not authorize







**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 Actual (\$)	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 Actual (\$)	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:

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

	MOST CURRENT (\$) ____/____/____ mm    dd    yyyy	PRIOR YEAR CLOSE (\$) ____/____/____ mm    dd    yyyy
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and Equivalents		
Accounts Receivable		
Prepaid Expenses		
Inventory		
Grants/Pledges Receivable		
Other		
Other		
<b>Fixed Assets (Net)</b>		
Property		
Buildings		
Equipment		
<b>Investments</b>		
Endowments		
Other		
Other		
<b>TOTAL ASSETS</b>		
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
Accounts Payable		
Accrued Expenses		
Long Term Debt (Current Portion)		
Short Term Debt		
Other		
Other		
<b>Long Term Debt (over a year)</b>		
Loan		
Other		
Other		
<b>TOTAL LIABILITIES</b>		
<b>Net Assets</b>		
Unrestricted		
Temporarily Restricted		
Permanently Restricted		
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>		