



2019 Community Disaster Relief Fund Application

Name of Organization _____

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: _____

Amount Requested: _____

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

Number of Paid Staff: _____ Full-time _____ Part-time Number of Volunteers: _____

Proposal Information

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

<input type="checkbox"/> Carpinteria	<input type="checkbox"/> Goleta/Isla Vista	<input type="checkbox"/> Guadalupe	<input type="checkbox"/> Lompoc
<input type="checkbox"/> Santa Barbara	<input type="checkbox"/> Santa Maria	<input type="checkbox"/> Santa Ynez Valley	<input type="checkbox"/> Other: _____

Where will the funds be used? _____ % North County _____ % South County _____ % Mid-County

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:

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.

Application Questions

1. Describe the role of your organization in preparing for, responding to, and/or recovering from emergencies and disasters. (*approx. 400 words*)

2. What was the impact of the Thomas Fire and the 1/9 Debris Flow on your organization (increase in services, number of clients, impact on organization's budget both positive and negative, etc.) (*approx. 400 words*)

3. What is the disaster related mission and goals of your organization moving forward? If you are proposing a preparedness activity or program please describe it below. (approx 400 words)

4. If this is a collaborative opportunity request, please state the other organizations involved. (approx. 400 words)

5. How will this award strengthen the capacity of your organization and that of your collaborative partners?

(approx 400 words)

6. If this project requires support beyond the grant period, describe any plans to sustain it going forward. *(approx 400 words)*

