



Towbes Fund for the Performing Arts

Grant Application

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: _____

For additional information and instructions please visit [Eligibility Criteria & FAQs](#).

Proposal Information

Which of the following geographic areas best describes the community the 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 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 (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.

3. **Is this opportunity critical now for your organization and if so please explain?** (approx. 275 words)

4. **What do you see as the result of the proposed project/program? How will that be measured?** (approx. 275 words)

5. How do you anticipate your organization and the constituents served to be positively affected as a result of this program/project? (approx. 250 words)

6. What activities/services do you plan to deliver through this grant request? If this is a program request, is it providing new, continuing or enhancing/expanded services to the community? (approx. 275 words)

7. How will your organization focus on engaging diversified constituencies and increase participation among the current constituents? What resources/capacity do you have available to pursue new constituents? (approx. 275 words)

8. If this is a collaborative learning opportunity request, please state the other organizations involved, their roles and how you have all prepared for this learning opportunity? (approx. 275 words)

Program Budget -- Please do not include commas in your financial figures

Program Request: \$ _____

Budget dates for grant period: _____

NOTE: Typically, **Total Program Income = Pending Income + Secured Income**

INCOME

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

Source	Total Prog. (\$)	Pending (\$)	Secured (\$)	Notes
TOTAL INCOME				

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 Prog. (\$)	This Request (\$)	Notes
TOTAL EXPENSES			

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) ____ / ____ / _____
TOTAL INCOME			

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) ____ / ____ / _____
TOTAL EXPENSE			
NET PROFIT OR LOSS			

Total Capital Expenses

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

Explanatory Notes:

Board of Directors/Governing Body

Organization: _____

How often does the Board/Governing Body meet? _____

Name	City	Affiliation/Profession	Board Position	Years of Service

Organization Financial Summary (Fiscal Sponsor) - 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) ____ / ____ / ____
TOTAL INCOME			

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) ____ / ____ / ____
TOTAL EXPENSE			
NET PROFIT OR LOSS			

Total Capital Expenses

--	--	--

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

Explanatory Notes:

Board of Directors / Governing Body (Fiscal Sponsor)

Organization: _____

How often does the board/governing body meet? _____

Name	City	Affiliation/Profession	Board Position	Years of Service