



2019 Tri-Counties Blood Bank Fund Request for Proposal Cover Sheet

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): _____

Proposal Information

Project Title: _____

Proposed Start Date: _____ or check here if project is ongoing:

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

- | | | | |
|---------------|-------------------|-------------|-------------|
| Santa Barbara | Goleta/Isla Vista | Montecito | Carpinteria |
| Summerland | Santa Ynez | Buellton | Lompoc |
| Solvang | Los Olivos | Santa Maria | Orcutt |
| Nipomo | New Cuyama | Guadalupe | Los Alamos |
| Other: | | | |

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.

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) ____ / ____ / _____
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 Completed (\$)	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:

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
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 Project (\$)	This Request (\$)	Notes
TOTAL EXPENSES			