



COVID-19 NONPROFIT GRANT INTAKE PACKET

Community Disaster Relief Fund

The **Nonprofit Grant Intake Packet** will consist of two components only.

1. Complete the Grant Intake Form and Narrative (PDF Form) included in this packet.

Complete the brief Narrative page below, describing the role of your organization in responding to the needs of our community due to the effects of the Covid-19 pandemic. The narrative should briefly address the following:

- Describe the location(s) and the types of services provided to individuals and families in the short-term/immediate period
- Describe any changes to your business model to be able to continue to provide services.
- List the cooperating partners and explain the relationship if applicable.
- Describe any known cost of this (extended) service or lost income (current service levels). Describe which estimated costs are absorbed by your organization or subsidized by other agencies.

2. Attach most recent financials (i.e. last income statement and balance sheet)

Submit Procedures

Grant intake packets are accepted electronically on our website.

1. Complete the forms below and name the document OrgName_CDRF_ddmmyy, ex. GoSkateMove_CDR_031820.pdf
2. Go to: <https://sbfoundation.sharefile.com/r-r5c81eb435c84046a>
3. Complete log-in information which will take you to a “Drag files here/Browse files” page.
4. Drag and drop or browse files to attach your 1) completed grant intake form and brief narrative, 2) most recent financials (last income statement and balance sheet) and 3) any supporting documents, i.e. photographs (optional).
 - a. Use the “+ Add more” button on the top right to continue adding files
 - b. Once complete select “upload” on the bottom left of your screen. This will submit your grant.

Contact Information

For questions about this grant intake packet, please contact Rubayi Estes, Interim Chief Program Officer, at (805) 880-9351 or restes@sbfoundation.org.

For questions regarding technical assistance and support, please contact Nick Munday, IT Manager, at (805) 880-9381 or nmunday@sbfoundation.org.

Grant Intake Form

Please completely fill out the form, save as "OrgName_CDRF_mmddyy" and upload to [CDRF ShareFile](#)

Submission Date: ____ / ____ / ____

Name of Organization: _____

Organization's mission statement:

Mailing address: _____

Contact person: _____ Contact person's title: _____

Telephone number: _____ Email address: ED's _____

Executive Director: _____ Email address: _____

Is this organization a registered 501(c)(3)? Yes No* Tax ID number (EIN): _____

***If the organization is not a registered 501(c)(3), please provide the following information:**

Fiscal sponsor organization name: _____

Fiscal sponsor mailing address: _____

Fiscal sponsor EIN number: _____

Proposal Information

Project Title: _____

Description of project in 1-3 sentences:

Which of the following geographic area(s) will this request impact? 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

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: ____ / ____ / ____

NARRATIVE

1. Please follow the instructions above to complete this page (max. 750 words)

Check to authorize the Santa Barbara Foundation to share the project contained in this application with potential donors and supporters.