

THE SAN FRANCISCO FOUNDATION

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Please complete this application. The San Francisco Foundation strongly encourages its applicants to draft and edit text fields in a word processing application, save the file to your computer, then cut and paste into the online application. This can prevent the accidental loss of data. For further information on application guidelines and eligibility please visit the [Forms Page](#).

At the top and bottom of the screen, you can save your application for later, or click "Save and Continue" to advance to the next page now. Please note: you will be logged out after 3 hours; to ensure your information is saved, we recommend you click "Save and View" every 15 minutes while you are working on your application.

2012 Open Call For Applications for Program Areas Arts & Culture and Education

The San Francisco Foundation recommends that all applicants read the [Application Guidelines](#) prior to completing this application.

Please Select the Type of Support this request is for:

[See more information about Type of Support](#)

Please tell us what your total project budget is. (If you are requesting Core Operating Support please enter your total organization budget.)

0.00

Is this a new project or continuing support?

Organizational and Project Information

Please provide a brief history of your organization and its current programs and services. (1200 characters)

Please describe the issue/problem/need your organization is working to resolve and discuss how you are addressing it. What research or best practice models support your methods? (1750 characters)

Please describe the work (program/project) your organization is requesting funding for and describe the impact your organization is trying to achieve. Please address how your work aligns with one or more of the Foundation's grantmaking objectives. (1750 characters)

Does your work contain any lobbying or advocacy? Please Describe. (600 characters)

Outcomes

What are the **main outcomes** for which you are requesting support? *Your proposal must have at least one outcome. However, you may have up to three. (585 characters each)*

[See more information about Outcomes](#)

Outcome 1

Outcome 2 (optional)

Outcome 3 *(optional)*

Activities

What are the most important **activities** that will help you achieve those outcomes? Include frequency/duration of program events or services provided. *Only one activity is required. (360 characters each)*

[See more information about Activities](#)

Activity 1

Activity 2 *(optional)*

Activity 3 *(optional)*

Activity 4 *(optional)*

Activity 5 *(optional)*

Evaluation

Please describe how your organization will evaluate the success of the project you are proposing. (Your evaluation should be directly linked to your outcomes and activities.) *(The Foundation recognizes that it is not necessary to hire outside experts to have a solid evaluation plan. We do expect that you will know what success looks like and how you will know you achieved it.) (1,045 characters)*

[See more information about Evaluation](#)

Functional Expenses

The three categories in this box are the same as those on the IRS Form 990, Part II, Statement of Functional Expenses. If you are using a fiscal sponsor or are a city or university department, please estimate your project's functional expenses. Do not report the functional expenses for the fiscal sponsor or for the entire city or university.

Please note the functional expenses must be greater than 0.

- Program Services include activities that result in services being provided to beneficiaries that fulfill the organization's mission.
- Management and General includes oversight, business management, general recordkeeping, budgeting, financing, and related administrative activities, as well as management and administration except for direct conduct of program services or fundraising activities.
- Fundraising includes publicizing; conducting fundraising campaigns; maintaining donor mailing lists; conducting special fundraising events; preparing and distributing fundraising manuals, instructions, and other materials; and conducting other activities involved with soliciting contributions from individuals, foundations, government agencies, and others.

(Please use whole numbers to represent percentages i.e. 60, 30, 10)

What percent of your organization's prior year actual spending went to program services?

0.00

What percent of your organization's prior year actual spending went to management activities?

- - -

What percent of your organization's prior year actual spending went to fundraising activities?

0.00

Budget

The Foundation is interested in knowing the financial plan for the work you will conduct during our grant period. We ask that you provide the projected start date for the grant you are requesting. The timeline is available on our website.


City or University Departments

Please use the Organization column for department revenue and expenses.

***Project Start Date**



Project End Date



Organization Fiscal Year State Date:



Organization Fiscal Year End Date:



Revenue Budget and Expenses

Please provide your organization's budget, project budget and your proposed budget for TSFF dollars.

The Previous Year Carry Over for the organization is also known as the previous year's End of Year Net Assets.

- Please provide a total in each category; you do not need to list individual foundations or government sources.
- Committed funding includes those sources of support that have been confirmed.
- Projected revenue includes sources of support that you are currently requesting or plan to request. Your request to The San Francisco Foundation is listed on a separate line.

In the fields below, the top section is for revenue and the lower fields for expenses. If you have expenses that do not fit in the defined fields, please use the "Other" category. Please leave blank any field that does not apply .

If you are requesting core operating support, please only complete the Organization budget column.

Please use whole numbers and do not use any formatting!

Budget Category

Budget Category	Organization Budget	Project Budget	TSFF Budget
Previous Year Carry Over	\$0.00	\$0.00	\$0.00
Committed revenue - Other foundations/corporations	\$0.00	\$0.00	\$0.00
Committed revenue - Government	\$0.00	\$0.00	\$0.00
Committed Revenue - Other Partners	\$0.00	\$0.00	\$0.00
Committed revenue - Box office revenue	\$0.00	\$0.00	\$0.00
Committed revenue - Earned revenue	\$0.00	\$0.00	\$0.00
Committed revenue - Individual donors	\$0.00	\$0.00	\$0.00
Committed revenue - Income from endowment	\$0.00	\$0.00	\$0.00
Projected revenue - Other foundations	\$0.00	\$0.00	\$0.00
Projected revenue - Government	\$0.00	\$0.00	\$0.00
Projected revenue - Box office revenue	\$0.00	\$0.00	\$0.00
Projected revenue - Earned revenue	\$0.00	\$0.00	\$0.00
Projected revenue - Individual donors	\$0.00	\$0.00	\$0.00
Amount requested from TSFF	\$0.00	\$0.00	\$0.00
Total salaries	\$0.00	\$0.00	\$0.00
Total benefits	\$0.00	\$0.00	\$0.00
Consultant and professional fees	\$0.00	\$0.00	\$0.00
Occupancy expenses	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00

Equipment rental/maintenance	\$0.00	\$0.00	\$0.00
Employee expenses including travel	\$0.00	\$0.00	\$0.00
Conferences, conventions and meetings	\$0.00	\$0.00	\$0.00
Outreach and promotion	\$0.00	\$0.00	\$0.00
Printing and publications	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00

If you used the Other category in the budget above, please provide a description of the line items included. (800 characters)

Financial History

Please provide us with summary information about your organization's financial history. Please use the drop down to select the year's that are relevant. Do not duplicate years in the header.

Arts and Culture Applicants using the California Cultural Data Project, please copy numbers from the chart on the last page of your TSFF report.

Organization Financial History

Fiscal Year	Three years ago	Two years ago	Last year
Fiscal Year	Fiscal year 2004	Fiscal year 2005	Fiscal year 2006
Total Revenue	\$0.00	\$0.00	\$0.00
Total Expenses	\$0.00	\$0.00	\$0.00
Increase/Decrease in Net Assets	\$0.00	\$0.00	\$0.00
End of Year Net Assets	\$0.00	\$0.00	\$0.00

Please provide us with summary information about your organization's financial history. Briefly discuss how the economic downturn has affected your organization. (2200 characters)

Fundraising Plan

The fundraising plan should give a sense of how the organization expects to ensure that the project and/or organization will have the resources necessary to succeed. Please briefly outline your plan to sustain your efforts over the next one to three years. (2,200 characters)

Personnel

The number of staff in this section should correspond to the salary expense indicated in the expense budget. Full time personnel: enter the number of full time staff. Part-time personnel: enter the full time equivalent for all part time personnel. For example, if you have 20 staff that work half time, enter 10.

Please use whole numbers and do not use any formatting!

Organization Personnel

Category	Organization FTE	Project FTE
Number of full-time personnel		
Number of full-time equivalent of part-time personnel		
Total	0	0

Geographic Scope

The San Francisco Foundation is interested in the area you are serving. We are looking for information specifically in detail around neighborhood services. If your project/organization is targeting a specific neighborhood/neighborhoods please indicate this in the fields below. Please select the areas in which you provide service (please select the most relevant geographic level that pertains to your organization) Multiple levels can be selected:

Geo Level

Geo Level	Geo Area
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Income

Please complete the chart below to indicate the income levels your organization targets and the approximate percentage.

Income Category	%
Poverty	<input type="text"/>
Low Income	<input type="text"/>
Moderate Income	<input type="text"/>
Middle Income	<input type="text"/>
Mixed Incomes	<input type="text"/>
Undetermined	<input type="text"/>
Total	0

Age Range

Please provide the age range of the persons your organization serves (select all that apply):

Age Served Project

Age

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Target Population Description

Please use this section if you would like to share any additional information regarding the population you serve. (1,045 characters)

Special Populations

Please complete the table below to indicate if your project plans to target any Special Populations. Please do not exceed 100% (if your population overlap please use the Target Population question to clarify.)

Special Populations

Category	%
Lesbian/Gay/Bisexual	<input type="text"/>
Transgender	<input type="text"/>
Disabled	<input type="text"/>
Immigrants	<input type="text"/>
Foster youth	<input type="text"/>
Homeless	<input type="text"/>
Incarcerated	<input type="text"/>
Ex-Offenders	<input type="text"/>
Environmentally at-risk	<input type="text"/>
Early School Leavers	<input type="text"/>

Unemployed
Total 0

Diversity

Please complete the fields below the diversity information for your organization. Please enter numeric values only, do not use commas. Please note we are expecting estimates of the following:

- People served Org: the estimated number of people served by your organization per category
- People served Proj: the estimated number of people you plan to serve with the proposed project per category
- People on Staff: the estimated number of people on your staff per category
- People on Board: the estimated number of people on your board per category

For information regarding Bay Area Census data please visit: [Bay Area Census page](#)

Please use whole numbers and do not use any formatting!

Diversity Category	People Served Org	People Served Proj	People on Staff	People on Board
African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic/Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Ethnic Minority	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multi-Ethnic Minority	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Undetermined	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
White (Non Hispanic)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	0	0	0	0

Partners and Funders

Please provide a list of your top 2 government funders (if applicable), top 2 private funders and any significant community partners. Please include the following: Organization Name - Contact Name - Contact Email – Funded Amount.



Email address and Phone Number

To ensure our records are correct please provide the email address and phone number for the grant contact person.



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