

Application Overview

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Hello, Jade Vargo Nelson

Andrey's Foundation

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Please provide the information requested below, fields with an asterisk (*) are required. Please visit the [Help section](#) for guideline information specific to this application. If you need to change information about your organization or your fiscal sponsor, please do so in the My Profile section. At the bottom of this page, 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 scroll to the bottom of the page and click "Save and View" every 30 minutes while you are working on your application.

Tracking Id:	59358
Grantee:	Andrey's Foundation 310 main Modify Address san francisco, CA 94110 EIN: 99-9999999 Modify EIN
Mission:	to provide educational support to Belarussian children. Modify mission
Contact:*	<input type="text"/> or Create a new contact
Grant Amount*	<input type="text" value="\$1.00"/>
Program Area*	<input type="text" value="Arts and Culture"/>
Request Duration:*	<input type="text" value="12"/> Months
Grant Purpose:*	<input type="text" value="Example"/>

Cancel

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Please complete this application. 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.

*Please Select the Type of Support this request is for:

*What is your organization's total budget for the current fiscal year?

*Please tell use 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?

Narrative

*Please provide a **narrative** that describes why your work matters to the community you serve. It should include the scope, impact, history, and need/niche for your request. If relevant, also describe briefly the role of partners and/or volunteers. Your answer will be limited to one page (3750 characters).

Outcomes

What are the **main outcomes** for which you are requesting support? *Only one outcome is required. (585 characters)*

*Outcome 1

Outcome 2

Outcome 3

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)*

*Activity 1

Activity 2

Activity 3

Activity 4

Activity 5

Evaluation

*Please describe how your organization will evaluate the success of the project you are proposing?
(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.) (1045 characters)

Other Project Information and Impacts

Your project may have **other positive impacts or information** that are not reflected above. If so, please describe here. For example, does it have local, state, or federal policy implications, benefits to other service providers, and/or regional impact in addition to the positive impact to the Bay Area? *(1520 characters)*

Budget Information

The Foundation is interested in knowing the financial plan for the work you will conduct during our grant period. We ask that you check 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 Start Date:**

***Organization Fiscal Year End Date:**

Revenue Budget and Expenses

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 grid 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.

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

Budget Category		
Budget Category	Organization Budget	Project Budget
Previous Year Carry Over	\$0.00	\$0.00
Committed revenue - Other foundations/corporations	\$0.00	\$0.00
Committed revenue - Government	\$0.00	\$0.00
Committed revenue - Box office revenue	\$0.00	\$0.00
Committed revenue - Earned revenue	\$0.00	\$0.00
Committed revenue - Individual donors	\$0.00	\$0.00
Committed revenue - Income from endowment	\$0.00	\$0.00
Projected revenue - Other foundations	\$0.00	\$0.00
Projected revenue - Government	\$0.00	\$0.00
Projected revenue - Box office revenue	\$0.00	\$0.00
Projected revenue - Earned revenue	\$0.00	\$0.00
Projected revenue - Individual donors	\$0.00	\$0.00
Amount requested from TSFF	\$0.00	\$0.00

Total salaries	\$0.00	\$0.00
Total benefits	\$0.00	\$0.00
Consultant and professional fees	\$0.00	\$0.00
Occupancy expenses	\$0.00	\$0.00
Supplies	\$0.00	\$0.00
Equipment rental/maintenance	\$0.00	\$0.00
Employee expenses including travel	\$0.00	\$0.00
Conferences, conventions and meetings	\$0.00	\$0.00
Outreach and promotion	\$0.00	\$0.00
Printing and publications	\$0.00	\$0.00
Other	\$0.00	\$0.00

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 functional expenses for the fiscal sponsor or for the entire city or university.

- 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 record keeping, 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?

0.00

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

0.00

*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.

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 explain large fluctuations or changes in revenue and/or expenses. (1800 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.

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

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. (2200 characters)

*Diversity

Please complete the chart 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

Please use the Bay Area Population category only if you serve the entire Bay Area and if you do not track diversity data.

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

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

Special Populations

Please complete the chart below to indicate if your project plans to target any Special Populations.

*This table will **not** allow you to exceed 100%. We realize there may be crossover among categories, therefore below there is a text area to describe your **Target Population**. Any information that cannot be conveyed with the tables can be further defined in the text box.*

*Geographic Scope

Please select the areas in which you provide service (please select the most relevant geographic level that pertains to this specific request) Multiple levels can be selected:

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

Income

*Please complete the chart below to indicate the income levels your project plans to target and the approximate percentage.

For income level definitions please click here: [Income Level Definitions](#)

Income	
Category	%
Poverty	<input type="text" value="0.00"/>
Low Income	<input type="text" value="0.00"/>
Moderate Income	<input type="text" value="0.00"/>
Middle Income	<input type="text" value="0.00"/>
Mixed Incomes	<input type="text" value="0.00"/>
Undetermined	<input type="text" value="0.00"/>
Total	0.00

Target Population Description

Please use this section if you would like to share any additional information regarding the population you serve. (1045 characters)

Partners & Funders

*Please list your top 2 private funders.

*Please list your top 2 government funders. (If you do not have government funders, please provide additional private funders.)

If you described major project partners in the your narrative, please provide contact information.

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