

# Grant Worksheet

Please use this worksheet to prepare answers to the following questions before visiting the program application website.

**Do not submit this paper form** - this is only for your reference to guide you through the application process.

## ORGANIZATION INFORMATION

Organization name: \_\_\_\_\_

Date established (must be est. for a min. of 5 years to qualify): \_\_\_\_\_

Tax exempt I.D.: \_\_\_\_\_

Are you a public charity as identified by the IRS?: YES or NO (must be yes to qualify - check: <https://apps.irs.gov/app/eos/>)

Is your PC status with the DOJ Registry of Charitable Trusts "current"?: YES or NO (check: <https://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>)

Organization contact person: \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Grant writer (ONLY if different from contact person): \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Organization's Mailing Address/City/State/Zip: \_\_\_\_\_

Is your org based in California and/or does it have a CA chapter?: YES or NO

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

Twitter: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

Organization's mission statement (2 sentences max): \_\_\_\_\_

## FISCAL INFORMATION

Organization's fiscal year (month to month format (exact dates and years not needed; ex: July-June): \_\_\_\_\_ - \_\_\_\_\_

Total organization operating budget for current fiscal year: \_\_\_\_\_

Estimated/approximate org operating budget for next fiscal year (educated estimation is sufficient): \_\_\_\_\_

Percentage of total operating budget spent on: fundraising \_\_\_\_\_% & general administration \_\_\_\_\_%

Who are the top three funders (companies or individuals) of your organization?:

\_\_\_\_\_, \_\_\_\_\_, & \_\_\_\_\_

## STAFF INFORMATION

What percentage of your executive level employees and board members are female and/or people of color? (one cumulative number)? Note that grant decisions are not based on this information: \_\_\_\_\_ %

Staff sizing: Full-time \_\_\_\_\_ % Part-time \_\_\_\_\_ % Volunteers \_\_\_\_\_ %

## GRANT IMPACT INFORMATION

Name of program/project for which you are requesting funding for: \_\_\_\_\_

Funding request (\$10,000-\$300,000 max): \$ \_\_\_\_\_

### Campaign/Focal Area (choose one):

- Latinx and Hispanic Heritage** (culture, history, support of Latinx and Hispanic community & education programs)
- Healthy Living** (fitness, wellness, non-cancer related medical and mental health)
- Hockey Fights Cancer** (patient care, support services, survivor programs)
- Holiday Assist** (basic human services, food, clothing, shelter, holiday programs)
- Education Equity supported by SAP** (closing the opportunity gap, building the next generation of leaders, driving innovation, providing educational resources to underserved communities, pathways to employment and career readiness)
- Celebration of Black History** (history, culture, support of the Black community & education programs, anti-racism work)
- Equality** (Diversity, Inclusion & Belonging initiatives, disabled or special needs communities, female mentorship/girl-specific groups)
- Environmental Awareness** (beautification, sustainability, recycling, science, world health)
- Asian and Pacific Islander Heritage** (culture, history, support of Asian and Pacific Islander community & education programs)
- Pride** (Equal justice and opportunity for all, awareness, history, allyship)

**Secondary focus area (choose one):** Latinx and Hispanic Heritage, Healthy Living, Hockey Fights Cancer, Holiday Assist, Education Equity powered by SAP, Celebration of Black History, Equality, Environmental Awareness, Asian and Pacific Islander Heritage or Pride

Estimated % of funds used for the betterment of Bay Area residents: \_\_\_\_\_

- A minimum of **51% must benefit Bay Area** (S.F., Peninsula, South Bay, East Bay, Santa Cruz/Gilroy) residents to qualify

Geographic area this grant will serve: \_\_\_\_\_

Total number of people that will be impacted by this grant (youth and adults): \_\_\_\_\_

Age range of people who will benefit from this grant (ex: 0-5, 15-21, all ages, etc.): \_\_\_\_\_

Please list the demographic breakdown of the individuals your non-profit serves by percentage (estimations are sufficient). Note that grant decisions are not based on this information:

- African-American/Black % \_\_\_\_\_
- Latinx/Hispanic % \_\_\_\_\_
- Asian % \_\_\_\_\_
- South Asian % \_\_\_\_\_
- Native American % \_\_\_\_\_
- Native Hawaiian/Pacific Islander % \_\_\_\_\_
- Caucasian % \_\_\_\_\_
- Other/Unknown % \_\_\_\_\_

## NARRATIVE UPLOAD

Organizations are required to submit a narrative addressing outlined topics. Please review the **Grant Packet** for a detailed description on the narrative questions and required format. Narratives should be no more than four pages, excluding the required appendices:

## REQUIRED APPENDICIES

- |                                                                                      |                                                                                        |                                                                                      |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Names and affiliations of your board members (Word Doc/PDF) | <input type="checkbox"/> Budget (Word Doc/PDF/Excel)                                   | <input type="checkbox"/> Most recent W9 (PDF)                                        |
| <input type="checkbox"/> Timeline (Word Doc/PDF/Excel)                               | <input type="checkbox"/> IRS determination letter verifying public, 501c3 status (PDF) | <input type="checkbox"/> Organization's logo (PNG/JPG with a transparent background) |