

**2017 AIDS WALK SAN FRANCISCO FOUNDATION GRANTS APPLICATION**

**I. Organization Summary** (Required of all applicants)

Organization Name: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Budget: \_\_\_\_\_

Use 1-2 Sentences to briefly describe your Grant Request:

\_\_\_\_\_

\_\_\_\_\_

Grant will be used for: \_\_\_\_\_ Mission/Support /Program or Operations\_\_\_\_\_ (please check one)

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Contact for this Application: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please attach your IRS 501(c)(3) determination letter confirming tax-exempt status of your agency/fiscal sponsor.**

**II. Financial Information** (Required of all applicants)

**Please submit your most recent audited financial statements with your application.**

What is your organization's total budget for fiscal year 2017? \$ \_\_\_\_\_

What were your organization's total actual expenses for fiscal year 2016? \$ \_\_\_\_\_

Did you have a deficit in either fiscal year 2015 or 2016? No Yes (circle one)

If so, which year(s)? \_\_\_\_\_

If you had a deficit in 2015 and/or 2016, what percent of your total expenditures was your deficit in the applicable year(s)? 2015: \_\_\_\_% 2016: \_\_\_\_%

**If the deficit was 5% or more in 2015 and/or 2016, please attach a brief statement about how the agency is working to assure financial stability.**

**III. Description of Services or Program** (Mission Support & Program Grant applicants only)

*Responses to this section should not exceed 3 pages, in 12 point font. These grants will be targeted in amounts ranging from \$1,000 to \$35,000.*

A) For mission support requests, describe the set of services your organization provides, the outcomes you expect to achieve (i.e. what specific impact the programs have on a client's life), and metrics used to assess outcomes. Additionally, please indicate the amount of funding you are requesting to support your HIV/AIDS focused mission.

B) For grants supporting a specific program, describe the program for which you are seeking funds: What need is the program addressing, how does the proposed project address the need, what are the planned activities, what are the outcomes you expect to achieve (i.e. what specific impact will the program have on a client's life), and what are the metrics that will be used to measure success? How much funding are you requesting? (If requesting only a portion of a total program budget, indicate what other funding requests or commitments are in place to assure full funding). **Please attach an itemized program budget** (not included in page count).

**IV. Description of Targeted Support Request** (Operations Grant applicants only)

*Responses to this section should be limited to one page, 12 point font.*

Please describe the expense(s) you are seeking to fund. These grants will be targeted in amounts ranging from \$1,000 to \$30,000.

**V. Alignment with Grant Guidelines** (Required of all applicants)

*Responses to this section should be limited to one page, 12 point font.*

Please describe how the proposed program addresses the Grant Guidelines outlined on page one of this application.

**VI. Authorization** (Required of all applicants)

I am authorized by my agency to submit this application for funding:

Signature: (Digital Signature is acceptable)

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Date: \_\_\_\_\_