Atkinson FOUNDATION

Do NOT email or mail a hard copy to the Foundation. This PDF is for informational purposes ONLY.

APPLICATION OVERVIEW INFORMATION

Support Type (All grants will be for general core support unless you specifically request program):
     General
     Program

Program Area (Select the area that aligns best with your organizational mission):
    Community: Basic Needs
- **Mental/Physical Health for All**
- **Basic Needs**
- **Senior Programs**
- **Immigrants/Refugees Program**
- **Women's Services (Family Planning and Health)**

    Education and Youth Development
- **In-School Programs**
- **Out-of-School Programs**
- **Early Childhood Care and Education**
- **Vocational Education**

Requested Amount
Project/Program Title
Proposal Summary (40 word limit)
Project Start Date
Project End Date
Total Annual Organization Budget
Total Project Budget
Geographic Service Area
Cities Served (Please select the top 1-3 cities served by your project/program)
Grant Age Group Served

Checkbox will appear: **Did you receive an Atkinson grant last year?**

<u>If yes</u>, please answer the following question before answering the narrative application questions.

> **How were Atkinson Foundation funds used last year? Please share any relevant highlights and surprises/challenges. (Limit 500 words)**

NARRATIVE APPLICATION QUESTIONS
1. Please provide a brief statement outlining your organization's mission, direct services you provide to residents of San Mateo County, and the impact of those services. (Limit 500 words)
2. Describe the clients you serve in San Mateo County, including partners you work with, the cities/locations where you operate, and the number of clients served in San Mateo County. **Note:** Please include information only for those served in San Mateo County even if your program serves people in other counties as well. If your programs extend to other counties, approximately what percentage of your programs operate within San Mateo County? (Limit 350 words)
3. What are your three most urgent organizational concerns/needs and how would a grant from Atkinson help address those needs? (The Foundation provides general operating support.) (Limit 500 words)
4. Describe how your staff, board, and/or volunteers reflect the diversity of the communities you serve. (Limit 250 words)

DOCUMENTS TO UPLOAD *(Please note that all documents must be uploaded as PDFs)*
1. Recent Statement of Financial Position (Balance Sheet). Please do not upload a password-protected version. Please DO NOT include audited financial statements.
2. Current Profit and Loss statement. Please do not upload a password-protected version.
3. Organizational budget for the present year, detailing proposed expenditures and secured and projected sources of funding.
4. Program/project budget detailing all proposed expenditures, and projected sources of funding (required for organizations requesting program/project support)
5. List of Board Members, please include city of residence and profession for each member.
6. If applicable, Letter of Agreement between your organization and fiscal sponsor

1. **Please DO NOT upload any audited financial statements or additional financial documents that are not requested.**
2. **Please download your submitted application PDF to ensure your documents formatted correctly. If they are not formatted correctly, please reach out to Stacey Angeles, Grants Manager, at** sangeles@pfs-llc.net**, to replace the document(s).**
3. All documents must be uploaded in **PDF** format. (Note: there is free software available online to convert files to PDF.)
4. Please upload each PDF document to its designated section.
5. Please note that if you upload a PDF document and do not see it listed on the screen, please click SAVE DRAFT. After all PDF documents have been uploaded, you will need to click SAVE DRAFT before clicking SUBMIT.