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APPLICATION OVERVIEW INFORMATION
Requested Amount
Project/Program Title
Proposal Summary (40 word limit)
Project Start Date
Project End Date
Total Annual Organization Budget
Total Project/Program Budget
Geographic Service Area
Cities Served (Please select the top 1-3 cities served by your project/program)
Grant Age Group Served
Total # of San Mateo County Residents Served
<b>Support Type (All grants will be for general core support unless you specifically request program):</b> General Program
<b>Program Area (Select the area that aligns best with your organizational mission):</b> <b>Community: Basic Needs</b> <ul style="list-style-type: none"><li>• Mental/Physical Health for All</li><li>• Basic Needs</li><li>• Immigrants/Refugees Program</li><li>• Women’s Services (Family Planning and Health)</li></ul> <b>Education and Youth Development</b> <ul style="list-style-type: none"><li>• In-School Programs</li><li>• Out-of-School Programs</li><li>• Early Childhood Care and Education</li><li>• Vocational Education</li></ul>

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

**If yes, 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 – GENERAL SUPPORT

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)

#### NARRATIVE APPLICATION QUESTIONS – PROGRAM SUPPORT

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 is the program for which you are seeking funding? Present a description of the activities for which funding is being requested, including program goals, objectives, and community needs being addressed. Your description should include: how you will implement program; tasks, stages, staff members or volunteers involved, plan to reach target population and timeline. (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 only 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

**Checkbox: If your organization is awarded a grant, please confirm that the address below is the correct address to receive a mailed grant check by checking this box.**

If this address is not correct, please update your address in the organization profile, click save draft below to repopulate the new address, click the check box to confirm. If you are fiscally sponsored, please navigate to the organization profile and update the address under the "Fiscal Sponsor" tab. Please note that we will not mail any other items to this address and will solely use it to mail grant checks in the event that your organization is awarded a grant.

If your address changes before you hear back from staff about the status of your application, please email the foundation's grants manager with your updated address.