



**2019 Community Grant Application**  
(Revised in 2019)

**A. ORGANIZATION**

|                                                              |  |                             |     |     |    |
|--------------------------------------------------------------|--|-----------------------------|-----|-----|----|
| Name of Organization                                         |  |                             |     |     |    |
| Korean Name (if applicable)                                  |  |                             |     |     |    |
| Street Address                                               |  |                             |     |     |    |
| City                                                         |  | State                       |     | Zip |    |
| Phone                                                        |  | Fax                         |     |     |    |
| Email                                                        |  | Website                     |     |     |    |
| Executive Director                                           |  |                             |     |     |    |
| Primary Contact & Title<br>(if not Executive Director)       |  |                             |     |     |    |
| Phone                                                        |  | Email                       |     |     |    |
| Organization EIN Number                                      |  | Year Founded                |     |     |    |
| 2019 Organization Budget<br>(Actual)                         |  | 2019 Organization<br>Budget |     |     |    |
| Start & End of Fiscal Year                                   |  |                             |     |     |    |
| Mission<br>Statement                                         |  |                             |     |     |    |
| # of Paid Full-time Staff                                    |  | # of Paid Part-time Staff   |     |     |    |
| # of Unpaid Staff                                            |  | # of Board Members          |     |     |    |
| # of Korean-speaking staff<br>(if applicable)                |  |                             |     |     |    |
| Has the organization applied for a KACF-SF grant previously? |  |                             | Yes |     | No |

**B. 2019 GRANT REQUEST** (\*see guidelines for 2-year grant requests)

|                                                                                |                   |                           |                  |  |
|--------------------------------------------------------------------------------|-------------------|---------------------------|------------------|--|
| Type of Support (Please check ONLY one)                                        | General Operating |                           | Program-Specific |  |
| Duration of Grant Request                                                      | One Year          |                           | Two Years*       |  |
| Request Amount (Total & per year, if applicable)                               |                   |                           |                  |  |
| Please select ONLY one program area (below) that reflects your funding request |                   |                           |                  |  |
| Physical and Mental Health                                                     |                   | Senior Care & Empowerment |                  |  |
| Safety                                                                         |                   | Youth Empowerment         |                  |  |
| Civic Engagement                                                               |                   |                           |                  |  |



|                                                                              |  |                      |  |
|------------------------------------------------------------------------------|--|----------------------|--|
| If applying for a program-specific grant, please answer the questions below: |  |                      |  |
| Name of Program                                                              |  |                      |  |
| Brief Program Description<br>(2-3 sentences)                                 |  |                      |  |
| Year Program Started                                                         |  | Primary Staff Person |  |
| 2018 Program Budget<br>(Actual)                                              |  | 2019 Program Budget  |  |

**C. SERVICE DEMOGRAPHIC INFORMATION**

|                                                                                                                                                                                                       |              |         |                 |              |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|-----------------|--------------|---------|
| Total number of people served by <u>organization</u> annually                                                                                                                                         |              |         |                 |              |         |
| Number of people served by <u>program</u> annually<br>(if applying for program-specific grant)                                                                                                        |              |         |                 |              |         |
| Please provide numbers served for populations listed below. If applying for a program-specific grant, please provide the information for the program AND organization. Do <u>NOT</u> use percentages. |              |         |                 |              |         |
|                                                                                                                                                                                                       | Organization | Program |                 | Organization | Program |
| Males                                                                                                                                                                                                 |              |         | Children (0-12) |              |         |
| Females                                                                                                                                                                                               |              |         | Teens (13-21)   |              |         |
| Koreans                                                                                                                                                                                               |              |         | Adults          |              |         |
| Non-Koreans                                                                                                                                                                                           |              |         | Seniors (65+)   |              |         |
| Counties/Cities Served                                                                                                                                                                                |              |         |                 |              |         |

By signing below, I hereby authorize the Korean American Community Foundation of San Francisco (KACF-SF) to share the information provided on this form and in other documents as required by the grant application with the necessary staff and volunteers who are reviewing the application. I understand that all the information provided will remain under the control of KACF-SF and is subject to the terms of KACF-SF's Confidentiality Policy.

|                               |  |      |  |
|-------------------------------|--|------|--|
| Executive Director (print)    |  | Date |  |
| Signature                     |  |      |  |
| Board President/Chair (print) |  | Date |  |
| Signature                     |  |      |  |



## PROPOSAL NARRATIVE

### I. PROPOSAL SUMMARY

Please briefly explain the purpose of the grant request and how the funds will be used. *In the case of a two-year grant request, please provide an overview of each year's objectives, timeline and any differences in funds requested for the first and second years. (2000 characters)*

### II. NARRATIVE

#### A. Background

1. Briefly describe the organization's history and mission. (2000 characters)



2. Describe the need or problem that the organization works to address and the population being served. Please cite sources for any statistical data. (2000 characters)

3. List relevant current programs and accomplishments, emphasizing recent achievements. (2000 characters)



4. Describe the makeup and diversity of key staff/volunteers specific to your proposed program, including the skills and knowledge they bring to the organization/program. (2000 characters)

5. Describe formal and informal partnerships with other organizations, and how these partnerships help the organization further its goals. *If the funding request involves a direct partnership with other organizations (i.e., any activities that are tied to grant deliverables), please provide a Memorandum of Understanding (MOU) or a Letter of Support as an attachment. (2000 characters)*



## B. Grant Request

1. Describe the purpose and expected outcome(s) of the grant. (2000 characters)
  - If applying for **general operating support**, describe how this grant would be used to help achieve the organization's goals. (*Note: two-year grants are not available for general operating support.*)
  - If applying for **program-specific support**, please explain the program in detail, including:
    - a. Program's primary purpose and need/problem that is being addressed;
    - b. Description of target population/beneficiaries of proposed program;
    - c. Goals, objectives, activities of the program for which the grant is requested, and expected outcomes. Include timeline for implementation of activities. *If applying for a two-year program grant, describe the activities and key milestones to be achieved in each year.*
    - d. Primary program staff involved and their roles/responsibilities.

## C. Evaluation

1. How do you define the success of your programs? (2000 characters)



2. How do you measure the success of your programs? Please describe key qualitative and quantitative indicators of success associated with the goals and outcomes described in Part B above. Explain what methods/tools will be used to collect data and measure success. (2000 characters)

D. Financial

1. Briefly describe the overall financial standing of your organization. (2000 characters)



2. Do you have an operating reserve? If so, please explain your reserve policy. (2000 characters)

3. Please list your top 5 sources of funding for the organization (e.g., government, foundations, corporations, individuals, membership dues, etc.) and the total amounts from each source budgeted/anticipated for the current fiscal year. *If applying for program-specific funding, please list your top 5 sources of funding for the program, unless the program will be new. (2000 characters)*





### III. ATTACHMENTS

- A. Grant Request Budget Form and Narrative (template provided)
- B. Operating Expense Budgets for the current and prior fiscal years. If applying for program-specific support for an existing program, expense budget for the program for the current prior fiscal years.
- C. Most recent IRS Form 990 or audited financial statements
- D. IRS 501(c)(3) determination letter or fiscal sponsor agreement with a 501(c)(3) nonprofit
- E. List of Board of Directors with organizational/company affiliations
- F. Organizational Bylaws
- G. One paragraph biographical statements or resumes of key staff, including the Executive Director
- H. Most current strategic plan, *if applicable*
- I. Memorandum of Understanding (MOU) or Letter of Support from partner organization(s), *if applicable*



**ATTACHMENT A: BUDGET FORM**

If applying for general operating support, please complete the budget form for the organization (i.e., “Total Budget” should be the organization’s overall anticipated budget for 2020).

If applying for program-specific support, please complete the budget for the program.

If applying for a two-year grant, please complete a separate budget form for each year, 2020 and 2021.

*Add rows, as needed.*

|                                          |  | <b>Total Annual Budget</b> |  | <b>KACF-SF Grant Request</b> |
|------------------------------------------|--|----------------------------|--|------------------------------|
| <b>Personnel</b>                         |  |                            |  |                              |
|                                          |  |                            |  |                              |
|                                          |  |                            |  |                              |
|                                          |  |                            |  |                              |
| Total Personnel                          |  |                            |  |                              |
| <b>Non-Personnel Expenses (list all)</b> |  |                            |  |                              |
|                                          |  |                            |  |                              |
|                                          |  |                            |  |                              |
|                                          |  |                            |  |                              |
|                                          |  |                            |  |                              |
|                                          |  |                            |  |                              |
|                                          |  |                            |  |                              |
|                                          |  |                            |  |                              |
|                                          |  |                            |  |                              |
| Total Non-Personnel Expenses             |  |                            |  |                              |
| <b>GRAND TOTAL</b>                       |  |                            |  |                              |

Please provide a brief **budget narrative** explaining the expenses in the grant request above.