

Mitchell Kapor Foundation

Sample Grant Application

Contact Information	
*First Name	
*Last Name	
*Telephone	
*E-mail Address	
*Executive Director? (Yes/No)	Instructions: Are you the Executive Director? If so, skip the next few questions.
Executive Director First Name	
Executive Director Last Name	
*Backup Contact Person Full Name	Instructions: Due to staff turnover, we would like a backup contact for your organization.
*Backup Contact Person Email	
Organization Information	
*Legal Name	
*Address	
*City	
*State	
*Zip	
*Telephone	
Website Address	
*Mission Statement	
*Organization's Annual Budget	
Fiscal Sponsor Name (if applicable)	
Fiscal Sponsor Address (if applicable)	
Fiscal Sponsor City (if applicable)	
Fiscal Sponsor State (if applicable)	
Fiscal Sponsor Zip (if applicable)	

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Fiscal Sponsor Contact First Name	
Fiscal Sponsor Contact Last Name	
Fiscal Sponsor Contact Email	
Fiscal Sponsor's Annual Budget	
Request Information	
<p>*Grant Application Type</p> <ul style="list-style-type: none"> • Green Access • Voting Integrity and Civic Engagement (VoICE) • College Bound Brotherhood • Special Opportunity Grant (by invitation only) 	<p>Instructions: Please select the appropriate type of application from the list.</p>
*Grant Period Start Date	<p>Instructions: Please enter the date which you want to start using this grant.</p>
*Grant Period End Date	<p>Instructions: Please enter the date which you want to stop using this grant.</p>
<p>*Type of Support Requested</p> <ul style="list-style-type: none"> • Capacity Building • General Support • Project Specific 	<p>Instructions: Please pick the most appropriate.</p>
*Requested Cash Amount	<p>Instructions: Please enter the amount you are requesting for this project.</p>
<p>*Project Summary (Paragraph; 2000 character maximum)</p>	<p>Instructions: Please briefly summarize your proposed program/project, noting the issue you want to address. How does your organization address this issue? What specific role would this grant play in helping you address this issue?</p>
<p>*Bigger Movement (Paragraph; 2000 character maximum)</p>	<p>Instructions: How is this work part of a bigger movement? How do you work with other Mitchell Kapor Foundation grant recipient organizations?</p>
*List your organization's board officers and members.	
*List this program/project's relevant staff members with job titles.	

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Demographics	
<p>*Please indicate the primary geographic focus of your work.</p> <ul style="list-style-type: none"> • Alameda • Contra Costa • Marin • Napa • San Francisco • San Mateo • Santa Clara • Solano • Sonoma • CA Statewide • National • Other US Local/Regional 	<p>Instructions: Check all areas that apply</p>
<p>If you selected Other to the question above, please type in Geographic Focus here:</p>	
<p>Within the geographic focus areas above, please provide any supplemental information about particular communities, neighborhoods, or constituencies that will be served by this program/project. (Paragraph; 2000 character maximum)</p>	
<p>Race and Ethnicity</p> <ul style="list-style-type: none"> • Caucasian • African American/Black • Pacific Islander • Native American • Asian • Hispanic/Latino(NonWhite) • Mixed Heritage • Other 	<p>Instructions: Please indicate by percentage the projected makeup of constituencies served by this project:</p>
<p>*Please indicate if your organization fits any of the following categories:</p> <ul style="list-style-type: none"> • At least 50% of Board comprised of people of color • At least 50% of staff comprised of people of color • Executive Director or CEO is a person of color • This grant request focuses on communities of color • None of the above 	<p>Instructions: For our purposes, people of color are those who identify as African American/Black, Asian/Pacific Islander, Hispanic/Latino, Native American, or Mixed Heritage. <i>(Check all that apply)</i></p>
<p>How does your organization approach diversity issues (i.e. through board and staff composition, programming, outreach, etc.)? (Paragraph; 2000 character maximum)</p>	
<p>*How many people do you project that the work described in this application will directly impact?</p>	

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Organization Financials	
<p>*Please provide the following financial information:</p>	<p>Instructions:</p> <ol style="list-style-type: none">1. (In one spreadsheet or document, if possible) a) your organization's itemized operating budget, and b) the itemized program/project budget, which should include the amount requested from the Kapor Foundation and how those funds will be used. In addition, please provide information about other confirmed or potential funders for this project/program, including amounts requested, received, or committed.2. Most recent, completed full year organizational financial statement (expenses, revenue and balance sheet); audited, if available, including the management letter.3. Current fiscal year organizational financial statement (expenses, revenue and balance sheet)
Fiscal Sponsor Financials	
<p>For organizations with a fiscal sponsor, please also provide:</p>	<p>Instructions:</p> <ol style="list-style-type: none">1. A copy of any fiscal sponsorship agreement/contract between your organization and the fiscal sponsor and/or a letter indicating that your fiscal sponsor accepts full legal, fiscal and programmatic responsibility for the grant.2. The fiscal sponsor's most recent, completed full year organizational financial statement (expenses, revenue and balance sheet), audited, if available.

** means response is **required***