

# Atkinson FOUNDATION

Please complete this application online; do NOT email or mail a hard copy to the Foundation. This PDF is for informational purposes ONLY.

## APPLICATION OVERVIEW INFORMATION

**Support Type:**  
**General  
Program**

**Program Area:**

**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**

<b>Project End Date</b>
<b>Total Annual Organization Budget</b>
<b>Total Project Budget</b>
<b>Geographic Service Area</b>
<b>Cities Served (Please select the top 1-3 cities served by your project/program)</b>
<b>Grant Age Group Served</b>

### NARRATIVE QUESTIONS

1. **Please provide a brief statement outlining your organization’s history, mission, goals, and services. (Limit 350 words)**
2. **If you are applying for general operating support, please provide a description of your organization’s services, including need. If you are applying for program or project funding, please describe the program or project for which funding is requested, including need, proposed activities, and timeline. (Limit 500 words)**
3. **The Atkinson Foundation funds organizations that provide direct support to residents of San Mateo County. With that in mind, please tell us about your work specifically in San Mateo County. Describe the population your organization/project serves in San Mateo County (including the city or cities where you work, numbers served, and other related information such as other organizational partners). Please include information only for those served in San Mateo County even if your program serves people in other counties as well. (Limit 250 words)**
4. **What are the specific objectives and outcomes of the program or your organization? How do you evaluate the impact of your services? (Limit 300 words)**
5. **Please include a brief description of the qualification of key staff. (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**