2020 SCVF Community Grants Program –

Health & Human Services

*Community Foundation Sonoma County*

The Sonoma County Vintners Foundation cultivates a vibrant and diverse Sonoma County by elevating lives through charitable events and philanthropic giving. Our fundraising efforts have a direct impact in the areas of literacy, education, health & human services, the environment, and arts & culture.

**Health & Human Services**

Supporting the most fundamental needs around **behavioral health, housing, homelessness, and hunger,** funding will target programs or projects that specifically address one of these four areas.

**Evaluation Criteria**

Our Community Grants program is a broadly accessible, responsive grants program meant to address the most pressing needs across all our communities. When evaluating proposals we use the following criteria to assess the competitiveness of a project or program:

* The project or program aligns with the Community Grants Health & Human Services funding priorities: behavioral health, housing, homelessness, and/or hunger
* The goals, implementation timeline and staffing are clearly defined and achievable
* The goals for the program are achievable within the one-year grant period
* Any proposed collaboration with other organizations has been formalized - if the success of the program is dependent on the participation of key partners, a letter of collaboration is required
* Reach of the program impacts a meaningful number of clients
* People impacted by this grant represent the diversity of our community

**All applicants will be required to upload the following documents:**

* Board of Directors list
* Organization budget for current fiscal year
* Program budget (optional use of [template](http://www.sonomacf.org/receive/templates/))
* If using a Fiscal Sponsor, complete the Fiscal Sponsorship form
* If collaborating with another agency or multiple agencies on this program, submit letter(s) of support from those organizations

Please keep your answers as concise as possible when answering each question. You are not required to use all of the characters available. Remember that your application will autosave. You can also use the Save button at the bottom of the page and come back to your application at any time.

Please note, sections of this application will show or remain hidden based on your responses. The Question List in the top right of this page includes all questions, even ones that may not apply to your organization.

We are always looking to refine and streamline our application process. At the end of the application, you will have the option to provide feedback regarding your experience as well as provide the number of hours it took to complete the application. Thank you for taking the time to help us improve the process.

# 501(c)(3)

## Is your organization a 501(c)(3) as designated by the IRS?\*

### Choices

Yes

No

# Eligibility

All applicants must have a 501(c)(3) status. Any applicants without 501(c)(3) status must apply with a fiscal sponsor.

## Fiscal Sponsor\*

Do you have a fiscal sponsor?

### Choices

Yes

No

# Fiscal Sponsorship

**Name of Fiscal Sponsor Organization\***

*Character Limit: 100*

**Name of Sponsored Organization\***

*Character Limit: 75*

## Contact Name\*

Enter the information of the contact person from the organization being Sponsored. *Character Limit: 75*

**Contact Title\***

*Character Limit: 75*

**Contact Phone\***

*Character Limit: 15*

**Contact Email\***

*Character Limit: 75*

## Fiscal Sponsorship Form\*

This form confirms that a Fiscal Sponsorship agreement exists between the Non-Exempt Group and the Fiscal Sponsor Organization. Provided template is required, click here to download: [Fiscal Sponsorship Form](http://www.sonomacf.org/wp-content/uploads/2017/04/Fiscal-Sponsorship-Form.pdf).

*File Size Limit: 1 MB*

## Budget for Sponsored Organization - Current Year\*

Please upload the current budget for the Sponsored Organization.

*File Size Limit: 4 MB*

# Organization Questions

**Please keep your answers as concise as possible when answering each question. You are not required to use all of the characters available.**

## Organization Mission Statement\*

Use GuideStar to pre-fill your organization's mission statement or enter it in the text box below. If using a Fiscal Sponsor, please answer the organization questions with the Fiscal Sponsor's information.

*Character Limit: 3000*

## Date of Founding\*

Enter the year your organization was founded.

*Character Limit: 4*

## Board of Directors List\*

Upload your Board of Directors list including board name and profession.

*File Size Limit: 4 MB*

# Grant Request

## Grant Request Purpose\*

In one sentence, concisely describe the purpose of this grant request. If your program has a specific name, please include it (ex. to provide weekly provisions of healthy groceries to local families through Healthy Families Program).

*Character Limit: 250*

**Grant Request Purpose - Internal\***

*Character Limit: 250*

## Requested Amount\*

The grant request must be between $5,000 and $20,000.

*Character Limit: 20*

## Received Grant Prior Year\*

Did you receive a Sonoma County Vintners Foundation Community Grant last year?

### Choices

Yes

No

# Current Grantee

## Last Year's Request Comparison\*

Is this year's request different from last year?

### Choices

Yes

No

## Program Difference\*

Briefly describe how this proposed program differs from last year's request. If the request is the same this year, please state that in your response.

*Character Limit: 3000*

## Current Grant Update\*

If you are a current grantee, please provide an update on the status of your grant. Describe specifically the goals you aimed to accomplish and your progress toward each of those goals. *Character Limit: 3000*

# Program Questions

## Program Description\*

Please provide a complete description of the program or project for which you are applying.

*Character Limit: 3000*

## Health & Human Services Funding Priority\*

Which of the four Health & Human Services funding priority areas does this grant request **directly** address?

### Choices

Behavioral Health

Housing

Homelessness Hunger

## Statement of Need\*

Describe the significant problem or need in the community being addressed via this grant request, as it pertains to the funding priority selected.

*Character Limit: 3000*

## Program Staff\*

Describe the experience and qualifications of key staff who will be implementing this program. If your organization is all-volunteer, please describe the qualifications of your key volunteer leaders.

*Character Limit: 3000*

## Program History\*

Please enter the number of years your organization has been implementing this program. If your program is new or has been implemented for less than a year enter 0.

*Character Limit: 250*

## People Served Directly\*

Please enter the number of people you anticipate to **directly** serve through this grant. Please exclude those indirectly impacted.

*Character Limit: 250*

## People Served Total\*

Please enter the total number of people you anticipate to **directly and indirectly** serve through this grant.

*Character Limit: 250*

**Program Goals**

List the quarterly program goals and how you plan to meet them below. The quarterly goals should fit within the grant period: June 2020 to June 2021

**Quarter 1\***

*Character Limit: 3000*

**Quarter 2\***

*Character Limit: 3000*

**Quarter 3\***

*Character Limit: 3000*

**Quarter 4\***

*Character Limit: 3000*

## Goal Metrics\*

Define the metrics you will track throughout the program. What tools will you use to track these metrics?

*Character Limit: 3000*

## Measurement of Success\*

Please describe how you will define success.

*Character Limit: 3000*

## Program Budget\*

Please upload a budget for the project or program. Use of provided program budget template is optional, click here to download: [Program Budget Template](http://www.sonomacf.org/receive/templates/).

*File Size Limit: 4 MB*

## Budget Narrative (optional)

Please provide a narrative description of the program budget if further clarification is warranted.

*Character Limit: 3000*

## Key Community Partners

Please list any community partners critical for the success of the program. You will have the opportunity to attach letters of collaboration from these key partners below. Please only include letters if the success of the program is dependent on the participation of these partners.

*Character Limit: 3000*

## Letters of Support for Collaboration

Please upload a letter(s) of support if success of the program is dependent on key community partners.

*File Size Limit: 1 MB*

# Organizational Budget Overview

## Organization Budget\*

Please upload your organization budget.

*File Size Limit: 4 MB*

## Organizational Stability\*

Please describe any large-scale changes or executive transitions in the organization over the past year or expected in the next year, including any changes in the area of financial management. Please define any major steps your organization is taking in response to these changes.

*Character Limit: 3000*

# Diversity, Equity, and Inclusion

**Diversity, Equity, and Inclusion (DEI)**

[Click here for a link to resources](https://www.councilofnonprofits.org/tools-resources/why-diversity-equity-and-inclusion-matter-nonprofits)

**Responses to diversity, equity, and inclusion questions will not impact the grant award decision. These questions are solely to collect information.**

## Board Recruitment\*

Does the organization's board ensure an inclusive board member recruitment process that results in diversity of thought and leadership?

### Choices

Yes

No

## Board Members\*

How many board members does your organization have?

*Character Limit: 250*

## Board Diversity

How many of your organization's board members identify as people of color?

*Character Limit: 3*

## Leadership\*

Does your organization's leader publicly self-identify as a person of color?

### Choices

Yes No

## DEI Plan\*

Does your organization have a diversity, equity, and inclusion (DEI) plan?

### Choices

Yes

No

In Progress

## DEI Plan (optional)

Please upload your organization's most current diversity, equity, and inclusion (DEI) plan.

*File Size Limit: 2 MB*

## DEI

If you have not uploaded a plan, please describe any diversity, equity, and inclusion (DEI) efforts in your organization.

*Character Limit: 3000*

# Demographics, Region, and Program Area

## Region Served\*

Select the region of Sonoma County that will be served by this grant request. Check all that apply.

### Choices

Central County/Santa Rosa

North County South County

West County

Sonoma Valley County-wide

## Demographic Information\*

Does your organization collect demographic information on the clients you serve?

### Choices

Yes

No

# Demographics Data

**The demographic data collected below will serve multiple purposes: to gauge the demographic reach of your program, to help us understand how we reflect the organizations and communities we serve, and to equip our staff with critical data to better serve the needs of our communities.**

## Demographics Data\*

What types of demographic data are you collecting about the clients you serve? Please note, for the categories selected, you will be asked to provide estimates for your anticipated program participants.

### Choices

Age

Gender

Household Income

Race/Ethnicity Other

## Methodology\*

What methodology do you use to collect demographic data on the clients you serve?

*Character Limit: 3000*

# Not Collecting Demographics

## Not Collecting Demographics\*

If you do not collect demographic data on the clients you serve, please help us understand how feasible it would be to collect data on the clients your organization serves. Please also feel free to comment on barriers you have faced, if any, in collecting this information.

*Character Limit: 3000*

# Demographics Gender

## Gender\*

Please select the projected gender of the participants your program will serve. Check all that apply. If you are selected as a grantee, you will be asked to provide actuals in the final report at the end of the grant period.

### Choices

Female

Male

Non-binary

# Demographics Race/Ethnicity

## Race/Ethnicity\*

Please select the projected race/ethnicity of the participants your program will serve. Check all that apply. If you are selected as a grantee, you will be asked to provide actuals in the final report at the end of the grant period.

### Choices

Asian/Asian American/Pacific Islanders

Black/African American/African

Hispanic/Latino/Latina/Latinx

Native American/American Indian/Indigenous

White/Caucasian/European

Multiracial/Multiethnic (2+ races or ethnicities)

Other

# Demographics Age

## Age

Please select the projected age of the participants your program will serve. Check all that apply. If you are selected as a grantee, you will be asked to provide actuals in the final report at the end of the grant period.

### Choices

Children (0-11)

Youth (12-18)

Young Adults (18-24)

Adults (25-64)

Seniors (65+)

# Demographics Income

## Household Income\*

Please select the projected household income of the participants your program will serve. The percentages below are based on the [federal poverty level for 2020](https://www.coveredca.com/PDFs/FPL-chart.pdf) ($12,490 = 100% FPL for a household size of 1). Check all that apply. If you are selected as a grantee, you will be asked to provide actuals in the final report at the end of the grant period.

### Choices

At or below 138% FPL ($35,535 for 4) Medi-Cal eligible

200% FPL or less ($51,500 for 4)

300% FPL or less ($77,250 for 4)

400% FPL or less ($103,000 for 4)

Above 400% FPL

# Demographics Other

## Demographics Other\*

You selected "Other" for types of demographic data in the previous question. Please define the type of demographic data you are collecting and provide a projection for the target population you anticipate serving with this grant. *Character Limit: 500*

# Application Process Feedback

## Application Time (Optional)

How many hours did it take to complete this application?

*Character Limit: 250*

## Application Feedback (Optional)

Please provide feedback on the application process. How can we improve your experience?

*Character Limit: 1000*