2020 COVID Community Impact Grants Program

*Community Foundation Sonoma County*

### 2020 COVID Community Impact Competitive Grant Program

The COVID-19 pandemic has touched every aspect of our lives and created widespread and long-term challenges in Sonoma County communities and throughout the world. As with previous disasters, the impact is not distributed evenly.

The Latinx population has been disproportionately affected with almost 80% of all cases and 98% of cases in the 0-17 population. Our older adults, particularly those on a fixed income that may not have social support, are also over-represented in COVID cases, especially in death rates. A third population, those who are experiencing homelessness, have an increased risk of contracting COVID as well.

**Community Foundation Sonoma County is launching a competitive grants program to bring more resources to these three populations—Latinx communities, seniors, and the homeless.**

Our funds will support nonprofits directly serving these populations and, by doing so, we will be investing in creating a more equitable recovery from the pandemic.

### Funding Priorities

The COVID Community Impact Competitive Grant Program purpose is primarily to serve individuals and families significantly impacted by COVID. We have identified three areas of priority that target populations that are most at-risk and hardest hit by the pandemic locally.

1. ***Race/Ethnicity Demographics -*** A funding priority for this competitive grant program is organizations currently providing services and support to Latinx and BIPOC (Black, Indigenous, People of color) communities in Sonoma County.
2. ***Identity-Based Communities -*** A funding priority for this competitive grant program is organizations currently providing services and support to low-income seniors, and individuals or families experiencing homelessness.
3. ***Geographic Regions -*** A funding priority for this competitive grant program is organizations currently providing services and support to residents living in the Santa Rosa, Petaluma, and Penngrove areas.

### Equity Into Action: Evaluation Criteria

Organizations must currently serve one or more of the target populations indicated in the funding priorities.

Please note, the purpose of this competitive grant program is to support organizations that provide direct services to individuals and families affected by COVID, such as mental health support, financial assistance, and food insecurity.

In our grantmaking, we strive to be accessible and transparent in how we create and administer grant programs. Knowing that many trusted, well-established organizations doing excellent work have already received funding from Community Foundation Sonoma County and are on our radar, we have created a two-tiered system that will allow us to prioritize grassroots and/or new efforts to meet the most critical needs in our community.

***Tier 1:*** Non-profit organizations that **have not received a grant from CFSC in 2020** will be prioritized. *Note:* if you received a grant from the Sonoma County Vintners Foundation Community Grant Program or are a CFSC Donor Advised Fund grant recipient, you will still be considered part of Tier 1. To see the list of application questions for Tier 1, [please click here](https://www.sonomacf.org/wp-content/uploads/2020/08/2020-COVID-Grant-Program-Tier-1-Question-List.docx).

***Tier 2:*** Non-profit organizations that **have received a grant from CFSC in 2020** may be eligible for funding if their program or project aligns with the listed funding priorities, but will only be considered after Tier 1 organizations. *Note:* the Tier 2 application process will be significantly streamlined due to an existing grant partnership. A list of Tier 2 organizations can be found [here](https://www.sonomacf.org/wp-content/uploads/2020/08/Tier-2-Organizations-List.pdf). To see the list of applications questions for Tier 2, [please click here](https://www.sonomacf.org/wp-content/uploads/2020/08/2020-COVID-Grant-Program-Tier-2-Question-List.docx).

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)

## Charitable Designation\*

What is the designation of your organization?

### Choices

501(c)(3)

Schools/Educational Institution Government Entity

Applying with a Fiscal Sponsor Other

# Organization Being Sponsored

## Name of Organization Being Sponsored\*

*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 organization being sponsored 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 Organization Being Sponsored - Current Year\*

Please upload the current budget for the organization being sponsored.

*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*

## Requested Amount\*

The grant request must be between $15,000 and $25,000.

*Character Limit: 20*

# Tier Determination Question

## Tier Determination\*

Tier 1 organizations have not received a grant from **CFSC** Community Impact Team in calendar year 2020. Tier 2 organizations have received a grant. Selecting the correct Tier is vital to completing the set of questions most applicable to your organization. **ALL APPLICANTS must refer to** [**this list**](https://www.sonomacf.org/wp-content/uploads/2020/08/Tier-2-Organizations-List.pdf) **in order to select one of the following:**

### Choices

Tier 1 = My organization in NOT on the list and did not receive a grant in 2020 Tier 2 = My organization IS on the list and did receive a grant in 2020

*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*

# Tier 1 Questions

## COVID Services Description\*

Please provide a complete description of the programs or services that your organization is currently providing to any or all of the target populations listed in the funding priorities below:

1. Latinx and BIPOC (Black, Indigenous, People of color) communities.
2. Low-income seniors, and individuals or families experiencing homelessness.
3. Residents in Santa Rosa, Petaluma, and Penngrove.

*Character Limit: 2500*

## Program Staff\*

Describe the experience and qualifications of key staff who are implementing this program and/or providing the services. If your organization is all-volunteer, please describe the qualifications of your key volunteer leaders.

*Character Limit: 1000*

## 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 **indirectly** serve through this grant.

*Character Limit: 250*

## Goal Metrics\*

Define the success metrics you will track throughout the program. How do you track your success?

*Character Limit: 1500*

## Program Budget\*

Please upload a budget for your organization's COVID 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: 1500*

## Key Community Partners

Please list any community partners critical for the success of this grant purpose.

*Character Limit: 250*

# Organizational Budget Overview

## Organization Budget\*

Please upload your organization's existing operating budget for the current year.

*File Size Limit: 4 MB*

# Demographics, Region, and Program Area

## Demographic Information\*

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

### Choices

Yes No

# Demographics Data

## Demographics Data\*

What types of demographic data are you collecting about the clients you serve?

### Choices

Age Race/Ethnicity Other

# 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 Race/Ethnicity

## Race/Ethnicity\*

Please select the projected race/ethnicity of the participants your program will serve. Check all that apply.

### 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.

### Choices

Children (0-11)

Youth (12-18)

Young Adults (18-24)

Adults (25-64)

Seniors (65+)

# 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*

# COVID Impact and DEI Data (Optional)

## COVID Impact on Organization

Has any of the following occurred within your organization as a result of COVID-19? Check all that apply.

### Choices

Cut back organization hours of operation Cut back staff hours

Increased organization hours of operation Laid off staff

Left vacant positions unfilled

Not renewed contracts (staff or otherwise) Decrease in volunteers

Increase in costs incurred to replace volunteers with staff Received PPP or other government loans/grants

## 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

# 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*