2021 SCVF Community Grants Program - Education

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### Sonoma County Vintners Foundation

The Sonoma County Vintners Foundation's signature fundraising event, the Sonoma County Wine Auction, has raised over $37 million for local causes, helping to address Sonoma County's most pressing needs, and fostering both immediate and long-term change.

The Foundation cultivates a vibrant and diverse Sonoma County through charitable giving focused on improving education, health & human services, the environment, and arts & culture. The Foundation's annual **Community Grants Program** ensures that nonprofit organizations working across Sonoma County have the opportunity to apply for funding in these four areas of impact.

### Education

Recent data shows 70% of Sonoma County youth are feeling anxious about the future.

For 2021, education funding will focus on organizations whose **primary objective is to support youth mental health**, with a clear emphasis on LGBTQ+, BIPOC, and low-income youth.

### 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 proposal aligns with the Community Grants funding priorities.
* The goals, implementation timeline, and staffing are clearly defined and achievable within the one-year grant period.
* The proposal increases access to a diverse sector of our community.

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

* Board of Directors list
* Organization budget for current Fiscal Year and Program/Project budget\*
* If using a Fiscal Sponsor, complete the Fiscal Sponsorship form. Provide an Organization Budget and Board of Directors list for both the fiscal sponsor and the organization being sponsored.

\*A program budget template is available on our [website.](https://www.sonomacf.org/nonprofits/templates/) You may choose to use your own

 template instead. We do not provide a template for the organization budget.

### General Instructions for a Strong Application

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.

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. Thank you for taking the time to help us improve the process.

# Charitable Designation

## Charitable Designation\*

What is the designation of your organization?

**Choices**

501(c)(3)

Schools/Educational Institution Government Entity

Applying with a Fiscal Sponsor Other

*Schools and Educational Institutions*

The SCVF Community Grants Education funding priority is intended to fund nonprofit organizations with a 501(c)(3) charitable designation only.

**We advise schools and educational institutions to apply through a nonprofit organization or education foundation for this grant program.** For further information, please visit the SCVF Community Grants Overview [webpage](https://www.sonomacf.org/nonprofits/apply-for-grants/sonoma-county-wine-auction/) or contact Karin Demarest at kdemarest@sonomacf.org.

# Organization Being Sponsored

## Name of Fiscal Sponsor Organization\*

*Character Limit: 100*

## Name of Organization Being Sponsored\*

*Character Limit: 100*

## Contact Name\*

Enter the information of the contact person from the organization being sponsored.

*Character Limit: 100*

## 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 form 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: 8 MB*

## Organization Budget for organization being sponsored - current Fiscal Year\*

Please upload the current organization budget for the organization being sponsored.

*File Size Limit: 8 MB*

## Board of Directors List for organization being sponsored\*

Please upload the current Board of Directors list or Advisory Committee list for the organization being sponsored.

*File Size Limit: 8 MB*

# Organization Questions

## 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: 500*

## Date of Founding\*

Enter the year your organization was founded.

*Character Limit: 4*

## Board of Directors List\*

Upload your Board of Directors/Trustees list.

*File Size Limit: 8 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 $5,000 and $20,000.

*Character Limit: 20*

## Received Grant Prior Year\*

Are you a current grantee of the **Sonoma County Vintners Foundation** Community Grant Program? Your organization is considered a current grantee if you were awarded a **2020** Sonoma County Vintners Foundation Community Grant.

**Choices**

Yes No

*Program Questions*

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

## Proposal Description\*

Please provide a complete description of the program or project for which you are applying and how it supports the mental and emotional health of our youth.

*Character Limit: 3000*

## Program Beneficiaries\*

The Education funding priority targets support for our most vulnerable youth. Please describe who will benefit from this program or project.

*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: 1000*

## Key Community Partners\*

Please describe your collaboration with schools, educational institutions, or any other key community partners that are critical for the success of this program or project.

*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 **directly and indirectly** serve through this grant.

*Character Limit: 250*

## Program Goals\*

List the program goals and how you plan to meet them below. The goals should fit within the grant period: June 2021 to May 2022.

*Character Limit: 2000*

## Goal Metrics and Measurement of Success\*

Define the metrics you will track throughout the program. What tools will you use to track these metrics and how will you define success?

*Character Limit: 1000*

# Program/Project Budget

## Program Budget\*

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

*File Size Limit: 8 MB*

## Budget Narrative (optional)

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

*Character Limit: 1000*

## Other Attachments (Optional)

### Any programs or projects that will be implemented in a school are encouraged to include a letter of collaboration from that school. Please upload that letter here.

Any other attachments that relate to this proposal and you would like to include can be uploaded here. Please note, this is **optional**. You may use the text area below to provide accompanying narrative for the attachment. If you have multiple attachments and need assistance combining them, please reach out to Annette Williams at [awilliams@sonomacf.org](file:///C%3A%5CUsers%5Ccchilds%5CCreative%20Cloud%20Files%5CDesign%5CCommunity%20Impact%20Team%5CVintners%20Community%20Grants%5Cawilliams%40sonomacf.org).

*Character Limit: 1000 | File Size Limit: 8 MB*

# Organizational Budget Overview

## Organization Budget - current Fiscal Year\*

Please upload your organization's budget for the current Fiscal Year.

*File Size Limit: 8 MB*

## Organizational Changes COVID\*

We recognize the pandemic has had impacts on the sustainability and operations of all nonprofits. Please describe innovative ways your organization has responded to the changed environment.

*Character Limit: 1000*

# 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 optional and solely to collect information.

**Racial Justice Organizational Response (Optional)**

The systemic racial injustices that are evident in our society were brought to the national forefront in 2020. How has your organization responded?

*Character Limit: 1000*

**Values Statement or DEI Plan (Optional)**

If you have a values statement or diversity, equity, and inclusion (DEI) plan, please upload it here.

*File Size Limit: 8 MB*

# Demographics and Region

## 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

## Demographics Information\*

Describe the demographics of the people that will be impacted by this program or project.

*Character Limit: 1000*

# Application Process Feedback

## Application Feedback (Optional)

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

*Character Limit: 1000*

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