2023 SCVF Community Grants Program - Health & Human Services

*Community Foundation Sonoma County*

### Sonoma County Vintners Foundation

The Sonoma County Vintners Foundation's signature fundraising event, the Sonoma County Wine Auction, has raised over $39 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.

### Health & Human Services

The increased stress of the pandemic has had a negative impact on the mental health and well- being of community members, with the greatest challenges faced by those already vulnerable due to multiple factors.

Funding will target programs or projects that support the **fundamental needs of our most vulnerable community members**, which could include mental and behavioral health, housing, and food insecurity.

### 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

# 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](https://www.sonomacf.org/wp-content/uploads/2019/07/2019-Fiscal-Sponsorship-Form-1.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*

*Not Eligible to Apply*

### Thank you for taking the time to research this opportunity. Only applicants that are a 501(c)(3) or that have a Fiscal Sponsor are eligible to apply. Based on your response to the Charitable Designation question, it appears your organization may not be eligible. Please contact Annette Williams at awilliams@sonomacf.org to determine your eligibility before continuing this application.

*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 the Healthy Families Program).

*Character Limit: 250*

## Requested Amount\*

The grant request can be up to a maximum of $10,000.

*Character Limit: 20*

## Received SCVF Grant in Prior Two Years\*

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 **2021 or 2022** 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.**

## Program Description\*

Please provide a complete description of the program or project for which your organization is applying. Please include the fundamental need(s) you are seeking to address.

*Character Limit: 3000*

## Target Population\*

The pandemic has not only exacerbated disparities that already existed, it is also hitting certain sectors of our community the hardest. Please select the top three populations that you currently serve.

**Choices**

BIPOC and Latinx communities Low-income seniors

Persons experiencing homelessness Persons with a disability

Rural communities Youth

Other Sectors

## Target Population continued

If you selected "Other" in the previous question, please list the population(s) your proposal is seeking to help here.

*Character Limit: 250*

## 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*

## Relationship with Communities\*

Programming addressing fundamental needs are best delivered through an organization that is trusted by and has existing relationships with the clients and communities being served. Please describe your organization's existing and prior relationships with the clients and/or communities you intend to serve.

*Character Limit: 1000*

## 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*

## Success Metrics\*

What would success look like at the end of the grant period (June 2023 - June 2024)?

*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.](https://www.sonomacf.org/wp-content/uploads/2023/01/2023-Program-Budget-Template.xls)

*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 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.

*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*

# 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

# Application Process Feedback

## Application Feedback (Optional)

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

*Character Limit: 1000*