



2019 Mission Support - Application - Closes midnight March 15, 2019

- 6 pages, 61 questions total
- Average 20 minutes of data entry

Organization Information

* 1. Please enter organization name

* 2. Please enter organization type

501(c)(3)

S Corp

B Corp

Limited Liability Corp (LLC)

C Corp

Partnership

Other (please specify)

3. Please enter organization E.I.N.

[if applicable]

* 4. Please enter organization street address

* 5. Please enter organization city

* 6. Please enter organization state in two letter format

[ie. California = CA]

* 7. Please enter organization ZIP code in five digit format

[ie. 92122]

* 8. Please enter organization main phone number in 10 digit format
[ie. (858) 678-0974 = 8586780974]

9. Please upload current IRS Letter of Determination

Choose File

No file chosen

10. Please enter organization web-page
[if applicable]

* 11. Please enter organization description
[750 characters including spaces (approximately 200 words)]

* 12. Please enter organization mission statement
[750 characters including spaces (approximately 200 words)]

* 13. Please enter the year organization was founded
[enter 4-digit year; ie. 1976]

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Organization Leader Information

* 14. Please enter organization leader's name

* 15. Please enter organization leader's street address

* 16. Please enter organization leader's city

* 17. Please enter organization leader's state in two letter format
[ie. California = CA]

* 18. Please enter organization leader's ZIP code in five digit format
[ie. 92122]

* 19. Please enter organization leader's mobile phone number in 10 digit
format
[ie. (858) 678-0974 = 8586780974]

* 20. Please enter organization leader's email address

* 21. Please enter organization leader's gender

* 22. Please enter organization leader's ethnicity

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Organization Board, C-Level, and Staff Information

* 23. Please enter organization's number of board members (0 if n/a)

* 24. Please quantify gender for organization's board members (0 if n/a)
[total number should equal answer #23]

Female

Male

Transgender

Prefer not to
answer

* 25. Please quantify ethnicity for organization's board members (0 if n/a)
[total number should equal answer #23]

Asian

Black / African

Caucasian

Hispanic / Latinx

Native American

Pacific Islander

Prefer not to
answer

* 26. Please enter organization's number of C-level executives (0 if n/a)

* 27. Please quantify gender for organization's C-level executives (0 if n/a)
[total number should equal answer #26]

Female

Male

Transgender

Prefer not to
answer

* 28. Please quantify ethnicity for organization's C-level executives (0 if n/a)
[total number should equal answer #26]

Asian

Black / African

Caucasian

Hispanic / Latinx

Native American

Pacific Islander

Prefer not to
answer

* 29. Please enter organization's number of staff members (0 if n/a)

* 30. Please quantify gender for organization's staff members (0 if n/a)
[total number should equal answer #29]

Female

Male

Transgender

Prefer not to
answer

* 31. Please quantify ethnicity for organization's staff members (0 if n/a)
[total number should equal answer #29]

Asian

Black / African

Caucasian

Hispanic / Latinx

Native American

Pacific Islander

Prefer not to
answer

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Organization Financial Information

* 32. Please enter organization's annual revenue (enter 0 if n/a)

* 33. Please enter primary revenue source percentage estimates of answer #32

[numeric whole numbers to represent percentage estimates must total 100]

Charitable
donations
percentage

Government
contracts
percentage

Grants
percentage

Service fees
(earned revenue)
percentage

Other revenue
percentage

* 34. Please enter organization's annual expenses including overhead expenses (enter 0 if n/a)

* 35. Please enter organization's annual indirect expenses (overhead only)
(enter 0 if n/a)

* 36. Please upload organization's annual budget (PDF document only)

Choose File

No file chosen

* 37. Please upload most current organization 990

Choose File

No file chosen

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Organization Demographics from your Mission Support

38. Please provide which San Diego regions will benefit from your organization's mission (if applicable)

- Central
- East
- North Central
- North Coastal
- North Inland
- South

39. Please enter which Imperial County cities will benefit from your organization's mission (if applicable)

- Brawley
- Calexico
- Calipatria
- El Centro
- Heber
- Holtville
- Imperial City
- Niland
- Salton City
- Seely
- Westmorland
- Winterhaven

* 40. Please indicate the area(s) of focus served by your organization.

- Access to Health(care)
- Communicable Diseases
- Community Health
- Environmental Health
- Mental Health
- Perinatal Care
- Prevention
- Primary Care
- Specialty Care
- Substance Abuse Prevention
- Violence Prevention
- Other (please specify)

* 41. Please indicate the total number of **NON-DUPLICATED** people (unique individuals) served by your organization in a 12 month period.

* 42. Please indicate how your **NON-DUPLICATED** number is calculated.

- The NON-DUPLICATED number is an actual count
- The NON-DUPLICATED number is an estimate

* 43. Please calculate organization's average cost per constituent; the estimated or actual cost per individual served by organization.

Divide total cost by total number of non-duplicated people served.

* 44. Please provide short explanation of your cost per constituent calculation.

[200 characters including spaces (approximately 28 words)]

45. If your organization serves the **HOMELESS** population, then quantify the percentages of each demographic listed below:

Percentage of Homeless Female

Percentage of Homeless Male

Percentage of Homeless Transgender

Percentage of Homeless Prefer not to answer

46. If your organization serves the **HOMELESS** population, then quantify the percentages of each demographic listed below:

Percentage of Homeless Asian

Percentage of Homeless Black / African

Percentage of Homeless Caucasian

Percentage of Homeless Hispanic / Latinx

Percentage of Homeless Native American

Percentage of Homeless Pacific Islander

Percentage of Homeless Prefer not to answer

47. If your organization serves the **HOMELESS** population, then quantify the percentages of each demographic listed below:

Percentage of Homeless Children (0 -11)

Percentage of Homeless Adolescent (12-17)

Percentage of Homeless Adults (18-64)

Percentage of Homeless Seniors (65+)

48. If your organization serves the **POOR/WORKING POOR** population, then quantify the percentages of each demographic listed below:

[Poor/Working Poor is under 250% FPL]

Percentage of Poor/Working Poor Female

Percentage of Poor/Working Poor Male

Percentage of Poor/Working Poor Transgender

Percentage of Poor/Working Poor Prefer not to answer

49. If your organization serves the **POOR/WORKING POOR** population, then quantify the percentages of each demographic listed below:

[Poor/Working Poor is under 250% FPL]

Percentage of
Poor/Working
Asian

Percentage of
Poor/Working
Black / African

Percentage of
Poor/Working
Caucasian

Percentage of
Poor/Working
Hispanic / Latinx

Percentage of
Poor/Working
Native American

Percentage of
Poor/Working
Pacific Islander

Percentage of
Poor/Working
Prefer not to
answer

50. If your organization serves the **POOR/WORKING POOR** population, then quantify the percentages of each demographic listed below:

[Poor/Working Poor is under 250% FPL]

Percentage of
Poor/Working
Poor Children (0 -
11)

Percentage of
Poor/Working
Poor Adolescent
(12-17)

Percentage of
Poor/Working
Poor Adults (18-
64)

Percentage
of Poor/Working
Poor Seniors
(65+)

51. If your organization serves the **UNINSURED/UNDER INSURED** population, then quantify the percentages of each demographic listed below:

Percentage
of Uninsured/Und
er Insured Female

Percentage of
Uninsured/Under
Insured Male

Percentage of
Uninsured/Under
Insured
Transgender

Percentage of
Uninsured/Under
Insured Prefer not
to answer

52. If your organization serves the **UNINSURED/UNDER INSURED** population, then quantify the percentages of each demographic listed below:

Percentage of Uninsured/Under Insured Asian

Percentage of Uninsured/Under Insured / African

Percentage of Uninsured/Under Insured Caucasian

Percentage of Uninsured/Under Insured Hispanic / Latinx

Percentage of Uninsured/Under Insured Native American

Percentage of Uninsured/Under Insured Pacific Islander

Percentage of Uninsured/Under Insured Prefer not to answer

53. If your organization serves the **UNINSURED/UNDER INSURED** population, then quantify the percentages of each demographic listed below:

Percentage of Uninsured/Under Insured Poor Children (0 -11)

Percentage of Uninsured/Under Insured Adolescent (12-17)

Percentage of Uninsured/Under Insured Adults (18-64)

Percentage of Uninsured/Under Insured Poor Seniors (65+)

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Mission Support Information

* 54. Please describe how your organization provides access to quality healthcare and/or other services that are timely, appropriate, and effective in advancing health and wellness in your community.

[750 characters including spaces (approximately 200 words)]

* 55. Describe 1 or 2 past successful innovative projects/improvements your organization has implemented. Innovative projects are ones which improve operations in terms of reduced costs, improved quality, and/or increase capacity.

[750 characters including spaces (approximately 200 words)]

* 56. Identify your most effective collaborations in the last year. Describe how these collaborations align with AHF's mission of advancing health and wellness for all vulnerable populations in San Diego and Imperial counties.

[750 characters including spaces (approximately 200 words)]

* 57. Identify key leadership within your organization and their capacity and experience to move innovations forward.

[750 characters including spaces (approximately 200 words)]

* 58. Create a YouTube video no longer than 2 minutes of the CEO/ED/Senior Most Executive answering the following three questions:

- 1) What is the **mission** of your organization?
- 2) How is your organization **making a difference**?
- 3) How are you **measuring impact**?

*** Videos longer than 2 minutes will disqualify application.

*** Videos which do not address requirements 1, 2, and 3 will disqualify application.

Provide link (and only the hyperlink) to your video.

* 59. Please share the estimated number of minutes it took to prepare to enter the data into this application.

* 60. Please share the estimated number of minutes it took to enter the data from your preparation work into this survey.

* 61. Please share what specific question numbers and areas of concern AHF could improve upon in this survey.

[750 characters including spaces (approximately 200 words)]