

Application Guidelines

Application Period: 8:00 a.m. Wednesday, January 15 – 5:00 p.m. Monday, March 2, 2020

Decisions: April 2020

Disbursement: May 2020

Award Range: \$5,000-25,000

This Mission Support application is for nonprofit organizations in Imperial County.

Mission Support funding will be awarded to 501(c)3 nonprofits in Imperial County that serve the most vulnerable populations in Imperial Valley and are aligned to the Imperial County Community Health Improvement Plan (CHIP) priority areas.

- ***Healthy Eating and Active Living***
Impact Targets: Healthy eating, food security, and active living
- ***Community Prevention Linked with High Quality Healthcare***
Impact Targets: Asthma management, early and adequate prenatal care, and diabetes management
- ***Healthy and Safe Communities and Living Environments***
Impact Targets: Prescription drug abuse, dementia, and air quality

<https://www.localhealthauthority.org/taking-action/current-initiatives/community-health-improvement-plan-chip>

To qualify for Imperial Valley Wellness Foundation (IVWF) 2020 Imperial Valley Mission Support, **your organization must:**

- Be a 501(c)(3) or have a 501(c)(3) fiscal sponsor
- Serve regions in Imperial County
- Be aligned with IVWF's mission of health and wellness of vulnerable populations in Imperial County.

All organizations that are selected to receive funding will be required to enter into a grant agreement with IVWF. If you would like to review a copy of the agreement terms, please contact msg@ivwf.org and we will be happy to share a generic copy with your organization.

ORGANIZATION PROFILE

1. Please enter organization name:
2. Please enter organization DBA:
3. Please enter organization street address:
4. Please enter organization city:
5. Please enter organization state:
6. Please enter organization zip:
7. Please enter organization web page URL:
8. Please enter organization type:
 - a. Enter 501(c)(3) EIN:
 - b. Enter fiscal sponsor 501(c)(3) EIN:
9. Please UPLOAD organization IRS Letter of Determination:
10. Please enter organization year founded:
11. Please enter organization description:

LEADERSHIP PROFILE

1. Please enter organization leader's title:
2. Please enter organization leader's first name:
3. Please enter organization leader's last name:
4. Please enter organization leader's post-nominal abbreviation:
5. Please enter organization leader's role (i.e. President, Executive Director)
6. Please enter organization leader's email address:
7. Please enter organization leader's mobile phone:
8. Please enter organization leader's number of months with organization:
9. Please enter organization leader's number of months within nonprofit ecosystem:
10. Please outline organization leader's succession plan:
11. Please identify key leadership within your organization and identify their experience along with demonstrated capacity to deliver impact:
12. Please UPLOAD a two (2) minute video:
 - *This should be accomplished through a smartphone containing a message from the organization's leader.
 - *This should not incur any added expense.

Video Content:

- Introduce leader
- State organization mission
- Describe how organization is making a difference
- Describe how organization measures impact
- Optional additions if you have time remaining; recent milestones, successes, challenges the grant will help overcome, quick pan of facility, etc.

Video Upload Steps:

- Record video on smartphone
- Email video to your email account
- Access video through email and save to your computer
- Label video YYYYMMDD org name_2020 mission support video
- Upload file into this application
- Save your work!

FINANCIAL PROFILE

1. Required, please enter organization’s financial profile data using table provided:

| | |
|---|------|
| REQUIRED: Please enter organization’s annual revenue | |
| REQUIRED: Please enter the estimated % of annual revenue by source: | |
| Charitable Donations % | |
| Government Contracts % | |
| Grants % | |
| Service Fees (Earned Revenue) % | |
| Other Revenue % | |
| Sum of Revenue Source Percentages | 100% |
| REQUIRED: Please enter organization’s annual expenses including overhead expenses | |
| REQUIRED: Please enter organization’s annual indirect expenses-OVERHEAD only | |
| REQUIRED: Please provide organization’s number of months of cash flow on hand | |

2. Please UPLOAD organization’s annual budget:
3. Please UPLOAD organization’s most recent IRS Form 990:

IMPACT DATA PROFILE

- 1) Please indicate the following Imperial County regions which benefit from your organization's efforts:
 - a) All of Imperial County
 - b) Holtville
 - c) Calexico
 - d) Imperial
 - e) El Centro
 - f) Brawley
 - g) Calipatria
 - h) Westmorland
 - i) Other (Unincorporated areas) _____
- 2) Please indicate the total number of NON-DUPLICATED people (unique individuals) served by your organization annually:
- 3) Please indicate how NON-DUPLICATED people served number is calculated:
- 4) Please calculate organizations average cost per constituent by dividing total cost by number of NON-DUPLICATED people served:
- 5) Please provide a short explanation of your cost per constituent calculation:
- 6) Please indicate all areas of focus for which organization provides services:
 - a) Access to care
 - b) Community health
 - c) Environmental health
 - d) Food insecurity
 - e) Homelessness
 - f) Mental health
 - g) Pregnancy & early childhood
 - h) Primary care
 - i) Preventive care
 - j) Senior & aging issues
 - k) Specialty care
 - l) Substance abuse
 - m) Veteran services
 - n) Violence prevention
 - o) Another area of focus:
- 7) Please describe your organization's outcome metrics:
- 8) Please describe how your organization's outcome metrics are collected:
- 9) Please indicate all target populations which organization serves:
 - a) Homeless
 - b) LGBTQIA+
 - c) Physical/intellectual disability
 - d) Poor-working poor
 - e) Refugee/immigrant
 - f) Senior

- g) Veterans
- h) Youth
- i) Other target populations

IMPACT NARRATIVE PROFILE

1. Please enter organization's mission statement:
2. Please describe how organization advances health and wellness for vulnerable populations in Imperial County:
3. Please describe your organization's "typical" provider-client relationship:
4. Please describe 1 or 2 past successful innovative projects/improvements the organization has implemented. For this purpose, we define innovative projects as efforts which use new or novel methods to improve outcomes through reduced costs, improved quality, and/or increased capacity:
5. Please identify organization's most effective collaborations in the last year (based on organization's desired mission outcomes). Describe how these collaborations align with IVWF's mission of advancing health and wellness of vulnerable populations in Imperial County:
6. Please identify how the organization is aligned to the Imperial County Community Health Improvement Plan (CHIP) priority areas:
7. Please identify how the organization fosters diversity, equity, and inclusion:

FEEDBACK PROFILE

1. Please enter grant primary contact title:
2. Please enter grant primary contact first name:
3. Please enter grant primary contact last name:
4. Please enter grant primary contact post-nominal abbreviation:
5. Please enter grant primary contact role (ie. President, Executive Director, Grant Writer):
6. Please enter grant primary contact email address:
7. Please enter grant primary contact mobile phone:
8. Please share your thoughts on specific questions and areas of concern where IVWF could improve this application process: