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Initial Form Name *

2021 Imperial Valley Mission Support Application

Add Submission Name Field Add Submission Fee

ORGANIZATION PROFILE

Submission Name

Organization Name *

Please enter **organization's** full legal name.
Please note: This is the organization responsible for the community social impact work related to the grant application. We are not asking for the fiscal sponsor yet. We will collect fiscal sponsor data in subsequent questions.

The answer to this question will be used as the unique identifier for each submission.

Organization DBA

If applicable, please enter organization Doing Business As (DBA) name.

Organization Street Address *

Reference Form

Please enter organization full USPS mailing street address.

Organization City *

Please enter organization city.

Organization State *

Using two letter state abbreviation, please enter organization state.

Organization Zip *

Please enter organization 5-digit numeric zip code.

Organization Website URL *

Please enter organization website URL.

Organization Type *

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Please select the organization type. If organization is not a 501(c)(3), then please provide information for the 501(C)(3) Fiscal Sponsor.

Organization Employer Tax ID #: *

Fiscal Sponsor Tax ID #: *

If no Fiscal Sponsor, please enter N/A.

Organization IRS Letter *

Please upload current IRS Letter of Determination.

Organization Year Founded *

Using 4-digit numeric, please enter organization year founded. (ie. 1976)

Organization High-resolution Logo (large file size) *

Choose File

Upload a file. No files have been attached yet.
Acceptable file types: .jpg, .jpeg, .gif, .tif, .tiff, .png, .svg
Please upload a high resolution image illustrating the **organization's logo** (largest file size you have please).

Organization Description *

Limit: 500 words

Using 500 words or less, and using your own words, please enter organization description.

LEADERSHIP PROFILE

Leader Name *

First Name

Last Name

Leader Role *

Please enter organization leader's role (ie. President & CEO, Executive Director).

Leader Email Address *

email@example.com

Please enter organization leader's email address.

Leader Mobile Phone Number *



Please enter organization leader's mobile phone number.

Leader: Number Months with Organization *

Using numeric value, please enter organization leader's number of months with organization.

Example: If 5 years and 3 months, then please enter 63.

Leader: Number Months in Nonprofit

Sector *

Using numeric value, please enter organization leader's number of months working within the nonprofit ecosystem.

If 5 years and 3 mos, then please enter 63.

Leader Video File Upload (Optional)

Choose File

If you like, you may provide a simple smart-phone video (3 minutes maximum - less is fine) with the following:

- What are you most proud of?
- Successes over the last year or two?
- Lessons learned over the years?

* This should be accomplished through a smartphone containing a message from the organization's leader.

* This option should not incur any added expense.

* This is only an option and not a requirement. You will not lose or gain any scoring points whether you choose to upload a video or not. It's simply another way for you to describe your organization, if you feel the written word is not sufficient.

Video upload steps:

- Record video on smart phone
- Email video to your email account
- Access video through email and save to computer
- Label video YYYYMMDD org name_2021 san diego mission support video
- Upload file into this application
- Save your work!

BOARD, MANAGEMENT TEAM & STAFF PROFILE

Board, Management Team, Staff: Demographics *



20210701a submittable_table for board management + staff demographics.xlsx

FINANCIAL PROFILE

Organization Budget *



20210702 submittable_budget chart.xlsx

Please enter organization's annual budget using this template:

***PLEASE ONLY ENTER NUMERIC VALUES.**

REFRAIN FROM USING:

- DOLLAR SIGNS (\$)
- COMMAS (,)
- PERIODS (.)
- PERCENT (%)

Organization Form 990 *

Choose File

Please upload most current audited organization IRS Form 990.

IMPACT DATA PROFILE

Organization Cities Served *



20210701a submittable_chart of imperial county cities + percent of population.xlsx

Using the attached table, please indicate the cities of Imperial County in which your organization's customers live by indicating the percentage of your customers by city.

Organization Populations Served *



20210701a submittable_chart of populations served by percentage.xlsx

Using the attached table, please indicate your primary populations (customers) served by the percentage they represent to your total customer population.

Organization Repeat Customers *

Please enter organization's percentage of repeat customers served by organization in a 12-month period.

Enter numeric value (ie. 20%, 50%, etc.)

Enter 0 if N/A

Organization Outcomes *

Limit: 500 words

Using 500 words or less, please describe how you measure your success.

IMPACT NARRATIVE PROFILE

Advancing Health and Wellness *

Limit: 500 words

Using 500 words or less, please describe how organization advances health and wellness for under-resourced populations in Imperial County and serves those with the greatest social and health inequities.

Organization Services and Activities *

Limit: 500 words

Using 500 words or less, please describe the types of services and activities your organization provides.

Community Engagement and Community Voice *

Limit: 500 words

Using 500 words or less, describe how clients you serve are engaged in the organization's planning and decision making? If not engaged, please explain. (Examples might include: serving on committees; frequently surveyed; invited to volunteer in activities, etc.)

Systems-level Change and/or Social Determinants of Health *

Limit: 500 words

Using 500 words or less, please describe how your organization is working on systems-level change and/or working upstream to address social determinants of health.

- Examples of "systems change": addressing root causes of social problems including social justice work, community organizing/power building, policy or advocacy work, or other efforts to address structural inequities

- Examples of "social determinants of health" include economic stability; neighborhood and built environment; access to healthcare; education, transportation, and social or community context

Organization Partnerships *

Limit: 500 words

Using 500 words or less, please list key partnerships your organization engages to advance your mission and how you collaborate (include informal and formal partnerships). Note: partners are actively engaged in your mission and activities as collaborators and thought partners.

FEEDBACK PROFILE

Primary Contact Name *

First Name

Last Name

Please enter the **name of the person to contact** with logistical questions for the organization. This will be the point person who will facilitate questions from IVWF.

Primary Contact Role *

Please enter grant application primary contact role (ie.

Executive Director, Program Officer, Grant Writer)

Primary Contact Email Address *

email@example.com

Primary Contact Mobile Phone Number *



Organization Feedback Concern *

Limit: 500 words

Using 500 words or less, please share what specific questions and areas of concern IVWF could improve upon in this application. Thank you for your feedback!