2024 San Diego Mission Support Grant Application (Step 2 of 2)

ORGANIZATION PROFILE

Name *

Please enter organization full legal name.

DBA

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

Street Address *

Please enter organization full USPS mailing street address.

City *

Please enter organization city.

State *

Using two letter state abbreviation, please enter organization state.

Zip *

Please enter organization 5-digit numeric zip code.

Website URL *

example.com

Please enter organization website URL. If your organization doesn't have a website, please include your organization's link to a social media platform (i.e. Facebook, LinkedIn)

Type *

◯   501(c)(3) Organization

◯   Non- 501(c)(3) Organization Using 501(c)(3) Organization as Fiscal Sponsor

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

> Please note: Once type of organization is selected, fields requesting the following will appear:
> - EIN for Organization/Fiscal Sponsor
> - IRS Letter of Determination for Organization/Fiscal Sponsor
> - Form 990 Organization/Fiscal Sponsor Form 990

Year Founded *

[   ]

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

Logo *

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Upload a file. No files have been attached yet.

Acceptable file types: .jpg, .jpeg, .gif, .tif, .tiff, .png, .svg

Please upload high resolution organization logo file.

IMPACT NARRATIVE PROFILE

_____

Mission Statement *

[   ]

Limit: 250 words

Using 250 words or less, please enter organization's mission statement.

Advances Health and Wellness *

[   ]

Limit: 250 words

Using 250 words or less, please describe how organization advances health and wellness for vulnerable populations in San Diego County.

Types of Services *

◯   Focused: Provide one main program, service, or activity; focused on a few specific elements that impact constituents

◯   Multi-Modal: Provide several distinct programs, services, or activities that focus on multiple elements that impact constituents

◯   Wraparound: Provide a full suite of programs, services, or activities intended to accommodate the wide variety of constituents' needs

◯   All or None of the Above (please explain).

Please choose the statement below that best describes your organization's types of services. Only one choice allowed.

Types of Activities *

◯   One-time delivery of services: Applicant's service(s) consist of very limited in-person interaction, without structured repeat interaction component (e.g. food distribution sites).

◯   Short-term delivery of services: Applicant's service(s) consist of either short-term (≤ 1 year), in-depth interaction (e.g. pop-up clinics) or sustained interaction without substantial depth (e.g. traditional, telemedicine).

◯   Intense, long-term: Applicant's service(s) consist of ongoing, intensive, high touch interactions (e.g. behavioral health counseling and treatment).

○ All or None of the Above (please explain).

Please choose the statement below that best describes your organization's types of activities.

Racial Equity *

[text box]

Limit: 250 words

Using 250 words or less, please describe how your organization addresses racial equity (respond to whichever statement is most applicable):

a. Organization is intentional and committed to work through a racial equity lens at the organization and/or service level; or

b. Organization tailors programming to reflect racial and cultural sensitivity at the organization and/or service level; or

c. Organization has gained a new understanding and commitment to advance the journey of racial justice and equity at the organization and/or service level through programming

Community Voice *

[text box]

Limit: 250 words

Using 250 words or less, please describe how your organization is inclusive of community voice through community engagement to influence agency.

Addressing Health Inequities *

[text box]

Limit: 250 words

Using 250 words or less, please describe how your organization provides services to communities and areas that experience the greatest social and health inequities.

Focus on Systems Change and/or SDOH (Social Determinants of Health) *

[text box]

Limit: 250 words

Using 250 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) include:
- social justice work
- community organizing/power building
- policy or advocacy work
- other efforts to address structural inequities

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

Partnerships *

Limit: 250 words

Using 250 words or less, please list key partnerships your organization is engaged in to advance your mission and how you collaborate together (include informal and formal partnerships).

Key Impact Highlights *

Limit: 250 words

Using 250 words or less, please explain key organizational highlights from last year (achievements, community impact, etc.)

LEADERSHIP PROFILE

Leader First Name *

Please enter organization leader's first name. Leader refers to President, Chief Executive Officer, Executive Director, etc.

Leader Last Name *

Please enter organization leader's last name. Leader refers to President, Chief Executive Officer, Executive Director, etc.

Leader Role *

Please enter organization leader's role (i.e.. President, Chief Executive Officer, Executive Director).

Leader Email *

email@example.com

Please enter organization leader's email address. Leader refers to President, Chief Executive Officer, Executive Director, etc.

Leader Mobile Phone Number *

Please enter organization leader's mobile phone number. Leader refers to President, Chief Executive Officer, Executive Director, etc.

Number of Months with Organization in Leadership Capacity *

Using numeric value, please enter organization leader's number of months with organization in leadership capacity. Leader refers to President, Chief Executive Officer, Executive Director, etc.

For example, if 5 years and 3 months then please enter 63.

Leader's Number of Months in Nonprofit Sector *

Using numeric value, please enter organization leader's number of months working within the nonprofit ecosystem. Leader refers to President, Chief Executive Officer, Executive Director, etc.
For example, if 5 years and 3 months then please enter 63.

BOARD, C-LEVEL EXECUTIVES, AND STAFF PROFILE

Describe Demographics of Staff, Board Members, C-Level Executives *

Limit: 150 words

Describe in 150 words or less the demographics of your staff, Board Members, and C-Level Executives and how they reflect the community that you serve.

Board + C-Level + Staff Demographics Table

A	B	C	D
	Board Members	C-Level Executives	Staff Members
Please enter organization's number of (enter 0 if N/A)			
ETHNICITY/RACE REPRESENTATION PERCENTAGES			
Female Percentage:			
Male Percentage:			
Non-Binary Percentage:			
Prefer Not to Answer/Unknown Percentage:			
Gender Total Percentages (this total should add up to 100%)*	0	0	0
Of population listed above, what percentage identifies as transgender?			
ETHNICITY/RACE REPRESENTATION PERCENTAGES			
White (Europe) Percentage:			
Hispanic or Latinx Percentage:			
Asian (Far East, Southeast Asia, India) Percentage:			
Black or African American (Africa) Percentage:			
Middle Eastern or North African (MENA) Percentage			
American Indian or Alaska Native (North America, Central America, South America) Percentage:			
Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, Pacific Islands) Percentage:			
Two or More Races (Multiracial) Percentage:			
Other Race Percentage:			
Ethnicity/Race Total Percentages (this total should add up to 100%)*	0	0	0
*Round figures to nearest whole number.			

Please update the Board Members, C-Level Executives, and Staff Members demographics profile.

*PLEASE ONLY ENTER NUMERIC VALUES.

REFRAIN FROM USING:
- DOLLAR SIGNS ($)
- COMMAS (,)
- PERIODS (.)
- PERCENT (%)

1) Please provide the organization's number of Board Members, C-Level Executives and Staff

2) Please provide a breakdown of gender and ethnicity/race representation for the organization's Board Members, C-Level Executives and Staff

Note: Round figures to nearest whole number.
Note: Please be sure each section for Gender and Ethnicity/Race total to 100%. The system will not automatically correct this.

FINANCIAL PROFILE

Financial Profile Table *

A	B
Required: please enter organization's annual revenue	
Required: please enter the estimated percentage of annual revenue by source	
Charitable Donations Percentage:	
Government Contracts Percentage:	
Grants Percentage:	
Service Fees (Earned Revenue) Percentage:	
Other Revenue Percentage:	
Sum of Revenue Source Percentages:	0
Please be sure sum of revenue percentages total to 100%	

Please enter organization's financial profile data using table provided.

For those agencies that are fiscally sponsored, please enter your agency or initiatives information in the table

Annual Budget Approved by Your Board *

A	B	C	D	E
Organization Name:				
FISCAL YEAR PERIOD (PUT IN FISCAL YEAR DATES):				
	Current Org Budget	Current YTD Actuals	Previous FY Budget	Previous FY Actuals
REVENUE				
Grant revenue - federal government				
Grant revenue - state and local government				
Grant revenue - foundations and corporations				
Grant revenue - other				
Membership and program income				
Contributions				
Fundraising events & products				
Other				
Total cash revenue (will be calculated by table)				
TOTAL IN-KIND REVENUE				
TOTAL REVENUE (will be calculated by table)				
EXPENSES				
Salaries and wages				
Benefits & payroll taxes				
Program expenses				
Grants to partner organizations				
Consulting and other professional services				
Fundraising expenses				
Liability insurance				
Office expenses and support				
Conferences, meetings and travel				
Equipment and supplies				
Depreciation				
Other				
Total cash expenses (will be calculated by table)				
Total in-kind expenses				
Total Expenses (will be calculated by table)				
Net Income (Loss) (will be calculated by table)				
Please do not use symbols (e.g. $ or,), digit(s) only				

Using this template, please enter information from organization's annual budget approved by organization's Board.
For those agencies fiscally sponsored, please enter your agency or initiatives budget in the table.

IMPACT DATA PROFILE

_____

Communities Served *

☐ Communities of Color

☐ Families

☐ Individuals Living with Disabilities

☐ Individuals with Low Wages (commonly referred to as "low-income")

☐ LGBTQIA+

☐ Refugees / Immigrants

☐ Seniors

☐ Unhoused / Homeless

☐ Veterans

☐ Youth and/or Children

☐ Other Communities Served

Please indicate all communities which organization serves.

Areas of Focus *

☐ Access to Care

☐ Aging & Senior Support Services

☐ Behavioral Health (such as Substance Use Disorder and Mental Health)

☐ Community Advocacy & Organizing

☐ Early Childhood Development

☐ Education

☐ Environmental Health

☐ Food Insecurity & Economic Stability

☐ Homelessness

☐ LGBTQ+ Services

☐ Primary Healthcare / Preventive Healthcare

☐ Racial Equity Justice

☐ Refugee & Immigrant Services

☐ Veteran Services

☐ Violence Prevention

☐ Youth / Childhood Wellbeing

☐ Area of Focus 1

☐ Area of Focus 2

☐ Area of Focus 3

☐ Area of Focus 4

☐ Area of Focus 5

Please select all areas of focus in which your organization provides services.

San Diego Region Served Percentages *

☐ Central

☐ East

☐ North Central

☐ North Coastal

☐ North Inland

☐ South

Please indicate the San Diego County regions served by your organization and the percentage of clients served in the regions. As a reference, you may refer to this map (https://www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/Map_and_Regional_Data.pdf) from San Diego County Health and Human Services Agency.

NON-DUPLICATED People Served *

[ ]

Please enter the number of NON-DUPLICATED (unique individuals) served by organization in a 12-month period.

Enter numeric value without commas or any other punctuation (ie. 5,000 months enter 5000)
Enter 0 if N/A

Average Cost per Constituent and Brief Explanation *

[   ]

Limit: 100 words

Using 100 words or less, please provide average cost per constituent and a short explanation of the cost.

Communities Served Demographics Table *

A	B
	Population Served
GENDER REPRESENTATION PERCENTAGES	
Female Percentage:	
Male Percentage:	
Non-Binary Percentage:	
Prefer Not to Answer/Unknown Percentage:	
Gender Total Percentages (this total should add up to 100%)*	0
Of population listed above, what percentage identifies as transgender?	
ETHNICITY/RACE REPRESENTATION PERCENTAGES	
White (Europe) Percentage:	
Hispanic or Latinx Percentage:	
Asian (Far East, Southeast Asia, India) Percentage:	
Black or African American (Africa) Percentage:	
Middle Eastern or North African (MENA) Percentage	

American Indian or Alaska Native (North America, Central America, South America) Percentage:	
Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, Pacific Islands) Percentage:	
Two or More Races (Multiracial) Percentage:	
Other Race Percentage:	
Ethnicity/Race Total Percentages (this total should add up to 100%)*	0
*Round figures to nearest whole number.	

Please provide a breakdown of gender as well as race/ethnicity for NON-DUPLICATED communities served

*PLEASE ONLY ENTER NUMERIC VALUES.

REFRAIN FROM USING:
- DOLLAR SIGNS ($)
- COMMAS (,)
- PERIODS (.)
- PERCENT (%)

Note: Round figures to nearest whole number.
Note: Please be sure each section for Gender and Ethnicity/Race total to 100%.

Outcome Metrics Description *

Limit: 250 words

How do you measure success? Using 250 words or less, please describe your organization's outcome metrics and provide up to three years of data.

Outcome Metrics Collected *

Limit: 250 words

Using 250 words or less, please describe how your organization's data is collected and evaluated to reach your outcome metrics.

E.g., "Track stable housing and recidivism data on a monthly basis using our case management system."

Simple Smart Phone Video *

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .wav, .mp4, .mov, .avi, .mpg, .3gp, .flv, .webm, .wmv, .mkv, .m4v

Please UPLOAD a simple, informal smart-phone video (3 minutes maximum) answering the prompts below about your organization. This is an opportunity to share more about your organization that may not have been captured in the application. In your video, please address the following prompts:

a.   Describe how your organization is working to achieve its mission, and how you measure success or impact.

b.   What are you most proud of? Biggest success over the last year or two? Biggest lessons learned over the years?

SUBMITTER'S PROFILE

Submitter's First Name *

Please enter grant application submitter's first name.

Submitter's Last Name *

Please enter grant application submitter's last name.

Submitter's Role in Organization *

Please enter grant application submitter's role (ie. Executive Director, Program Officer, Grant Writer)

Submitter's Email *

email@example.com

Please enter grant application submitter's email address.

Submitter's Phone *

Please enter grant application submitter's phone number.

Remember to save your draft each time you update the application.

Once your application is complete, click "Apply" and check your email for a confirmation of your submittal.

Save Draft   Submit Form