

2025 Innovation Initiative (i2) - Phase 1 Application

By checking this box, you agree to our Terms and Conditions.(required)

[Detailed Terms and Conditions - click here.](#)

ORGANIZATION AND INNOVATION PROFILE (Please provide information for the non-profit lead organization.)

Please provide information for the non-profit lead organization and its innovation/solution, if this is a partnership or fiscal sponsor.

Innovation Stage of Development(required)

- Concept - early design stage; pre-operating
- Young - formed in last two years; not yet serving constituents, but may have begun outreach
- Emerging – starting to serve constituents and establish a presence
- Established – customer base and generating revenue

Please indicate how far along you are in developing your innovation/solution. This question pertains to your innovation, NOT the stage of your overall organization.

Name (required)

Limit: 300 characters

Please enter organization full legal name. Please keep name below 200 characters.

DBA (Doing Business As)

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

Street Address(required)

Please enter organization full USPS mailing street address.

City(required)

Please enter organization city.

State(required)

Using two letter state abbreviation, please enter organization state.

Zip Code(required)

Please enter organization 5-digit numeric zip code.

Website URL, if applicable

Please enter organization website URL.

Organization Description(required)

Limit: 350 words

Using 350 words or less, please enter organization's description.

Mission Statement(required)

Limit: 250 words

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

Year Founded(required)

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

Type(required)

- 501(c)(3) Organization
- Non- 501(c)(3) Organization Using 501(c)(3) Organization as Fiscal Sponsor
- State college and university described in Section 511(a)(2)(B) of the Code even if not described in Section 501(c)(3)

Please select the organization type.

IRS Letter indicating 501(c)(3) or 511(a)(2)(B) status(required)

Choose File

Upload a file. No files have been attached yet.

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

Please upload current IRS Letter of Determination for the nonprofit lead applicant.

Logo, if applicable

Choose File

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.

LEADERSHIP PROFILE

Leader First Name(required)

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

Leader Last Name(required)

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

Leader Role(required)

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

Leader Email(required)

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

Leader Mobile Phone Number(required)

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

Leader Number Months with Organization(required)

Using numeric value, please enter organization leader's number of months with organization. Leader refers to President, Chief Executive Officer, Executive Director, etc. Example: If 5 years and 3 months, then please enter 63.

Leader Number of Months in Sector(required)

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

BOARD, C-LEVEL EXECUTIVES, STAFF AND VOLUNTEER PROFILE

Board + C-Level + Staff + Volunteer Demographics Table

	Board Members	C-Level Executives	Staff Members	(optional) Volunteers
Please enter organization's number of: (enter 0 if N/A)				
GENDER REPRESENTATION PERCENTAGES:	N/A	N/A	N/A	N/A
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	0
Of population listed above, what percentage identifies as transgender?				
ETHNICITY/RACE REPRESENTATION PERCENTAGES	N/A	N/A	N/A	N/A
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	0
* Round figures to nearest whole number.				

Please update the Board Members, C-Level Executives, Staff and Volunteer 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, Staff and Volunteers.

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

Note: Round figures to nearest whole number.

Note: Please be sure each section for gender, race/ethnicity total to 100%. The system will not automatically correct this.

How does leadership reflect the community?(required)

Please describe how your leadership reflects the communities you serve or will be serving, and any steps your organization is taking to increase diversity and inclusivity.

Please share anything else you would like us to know about your team that wasn't captured above (optional)

FINANCIAL PROFILE

Organization Finances (required)

Required: please enter organization's annual revenue (\$\$)	
Required: please enter the estimated percentage of annual revenue by source:	(leave cell empty)
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. If your organization is newly formed, please enter current finances. Place "0" in columns as applicable. (Newly formed organizations will be required to upload financial projections in the next question.)

Upload most current year's audited financials, balance sheets, 990s or financial projections, etc. **(required)**

Choose File

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

THESE FINANCIALS ARE REQUIRED OF ALL APPLICANTS. If you do not have audited financials, be sure to upload your balance sheet, most current 990, and other financial reports as available. Newly formed organizations may upload financial projections.

REGIONAL IMPACT OF INNOVATION

Select all San Diego regions that will benefit from your innovation, based on where you plan to or are offering your solution. **(required)**

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

If applicable, list other cities or regions beyond San Diego County that will benefit from your innovation based upon where you plan to or are offering your solution.

INNOVATION PROJECT INFORMATION

What is the problem you are trying to solve that is creating inequitable outcomes for health and wellbeing? **(required)**

Limit: 250 words

What data/evidence demonstrates that this is a problem? **(required)**

Limit: 250 words

What is the solution you are proposing AND how does your solution address the problem?(required)

Limit: 350 words

What makes your proposed solution innovative?(required)

Limit: 250 words

In other words, does the proposed innovation reduce disparities and create value for under-resourced and marginalized communities in San Diego County **by creating new or reimagined solutions** to address critical issues related to health and/or wellness?

Why is now the right time to solve this problem?(required)

Limit: 250 words

What is the total size of the market you are trying to address in San Diego County?(required)

Limit: 250 words

Please indicate and describe the size of the customer base for your innovation.

Who benefits if your solution achieves what it sets out to accomplish?(required)

Limit: 350 words

Please provide a description and details such as gender, race/ethnicity, and/or other relevant demographics of those who will benefit.

How will your innovation be sustainable beyond grant funding? Who will be your paying customers, or sustainable source of revenue?(required)

Limit: 500 words

Are there direct competitors to your solution? If so, who are they?(required)

Limit: 250 words

Direct competitors are other organizations in San Diego County that are performing the same or similar services you are proposing and for whose clients you also want to be serving. If you have determined that you have no direct competition, please respond with "none."

What makes your solution different or better than the direct competition?(required)

Limit: 250 words

What makes your team uniquely qualified to implement this solution?(required)

Limit: 250 words

Have the population(s) that this solution benefits been involved in the development of the project to-date? If so, how? And, how do you plan to continue engaging them as you develop and scale this solution?(required)

Limit: 250 words

If you have not (yet) engaged the affected population in the development of your solution, please describe your future engagement plans.

How will winning the i2 \$1 million milestone-based grant generate more impact than what is already being achieved by the organization? **(required)**

Limit: 250 words

GO-TO-MARKET STRATEGY

Has your solution been tested in the community/market? If so, what data or information can you share about your solution that has been received by consumers/customers?**(required)**

Limit: 500 words

How will you acquire your next 100 “customers”? If not applicable, what is your go-to-market strategy?**(required)**

Limit: 500 words

If applicable, who are your collaborators or allies who are working on systems change ideas alongside you?**(required)**

Limit: 500 words

If not applicable, please enter "none" in the response field.

Is there anything else you would like to share about your solution that has not been asked?

Limit: 500 words

FEEDBACK PROFILE

Primary Contact First Name(required)

Please enter grant application primary contact first name.

Primary Contact Last Name(required)

Please enter grant application primary contact last name.

Primary Contact Role(required)

Please enter grant application primary contact's role (i.e., Executive Director, President, Program Officer, Grant Writer, etc.)

Primary Contact Email(required)

Please enter grant application primary contact email address.

Primary Contact Phone (required)

Please enter grant application primary contact phone number.

Feedback to improve this application in the future, including any gaps, needs or resources.
(optional)
Limit: 250 words

Remember to SAVE your application until you're ready to click the button to submit your application. You will receive a confirmation message once you've submitted your application.

Save Draft
Submit Form