



napa valley vintners

Community Support Fund Instructions for Completion of Letter of Intent (LOI) Online Form

- **Carefully review** our [grantmaking model](#), Community Support Fund [guidelines](#) and level of evidence [matrix](#) before completing the LOI form.
- Complete the online LOI form by 5:00 p.m. on **Friday March 20, 2015** to be considered for a grant.
- The questions below are the questions on the online LOI form; however, **you must submit your actual LOI on the website.**
- Organizations may only apply for one grant annually. If funds are awarded they will be a minimum of \$50,000 and cannot exceed more than 25% of your organization’s annual operating budget for Napa County.
- Adhere to character count limits noted on the form, if you exceed the limits your information will not be submitted. **Character count limit is inclusive of both letters and spaces.** 1000 characters with spaces = approximately 150 words.
- **Prepare your answers in a separate document** and save to your own computer prior to entering the information directly into the online form. This will enable you to check character counts, have others review and proofread your work prior to submittal.
- You will be able to make edits to your online form up until the deadline; no changes will be accepted after the deadline by 5:00 p.m. on **Friday March 20, 2015**. Click "Submit" at the end of the form to save your changes.

General/Contact Information:

Organization Name

Mailing Address

Phone/Fax

501(c)(3)? Yes/No

City/State/Zip Code

Website

Year your organization incorporated as a nonprofit organization

Contact Name

Email

Title

Direct phone

Organization Overview:

1. Have you received funds from NVV before? Yes/No
2. Provide the organization’s mission statement. [500 maximum characters](#)
3. Provide the following basic financial information:
 - a. What is your total agency budget for the **current** fiscal year?
 - b. What is your total agency budget for Napa County programs/operations for the **current** fiscal year?
 - c. How much grant funding are you requesting from the Community Support Fund?
 - d. List your top three to five sources of funding (cash, not in-kind) whether those be government grants, foundation funders, service fees, or donations from individuals; and the amount of funding received from that source in the most recent fiscal year. In the case of government and foundation funders, please also include the number of years they have supported you (e.g. “eight of the last 10 years,” or “continuously since 2003”). [500 maximum characters](#)

4. Describe the demographics of your target population. Where applicable, please explain your group in terms of age, ethnicity, income level, geographic location, and any other relevant demographic characteristics. 1000 maximum characters
5. Where will your organization's services be delivered?
 - ___ Multiple counties including Napa County
 - ___ Countywide
 - ___ Specific area(s) of Napa County (*please specify*): _____
6. Identify the specific problems or unmet needs in Napa County that your organization seeks to address. You must include **third-party data** (e.g. county needs assessment, poverty rates, test scores, public health statistics, etc.) that documents these needs. 1500 maximum characters
7. Strategies
 - a. What are the specific strategies you employ to meet the needs? 2000 maximum characters
 - b. Is there evidence OUTSIDE of your organization that your specific strategies are successful in meeting the needs? 1500 maximum characters
 - c. What is the evidence INSIDE your organization that your specific strategies are successful in meeting the needs? 1500 maximum characters
8. Provide the **key outputs and outcomes** for your organization. Include the outputs (e.g. number of youth served, number of medical exams conducted, number of tutoring sessions held, etc.) as well as outcomes (e.g. percent of youth who increase math skills by at least one grade level, percent decrease in asthma attacks for patients, percent of children who exercise at least four times per week, etc.) that you use to measure the effectiveness of your organization's programs. There is no need to list every output or outcome – choose the few that are most central to measuring the success of your organization. 1500 maximum characters
9. After reviewing the [selection criteria](#) for the Community Support Fund, describe how your organization specifically meets one or more of the **six** preference selection criteria (not the eligibility requirements). 1500 maximum characters
10. Attachments – submit the following documents **by email** to sduke@napavintners.com by the **March 20** deadline.
 - Copy of current 501(c)3 status
 - Board roster that includes member affiliations and terms/years of service and city of residence
 - Organizational Chart depicting key staff positions
 - **Current** fiscal year annual operating budget that includes revenue sources and expenses

When emailing your documents be sure that you name each **attachment** by your organization and what you are sending. Example: ABChealth_501c3; ABChealth_board; ABChealth_orgchart; ABChealth_budget. Please do not give attachments generic names.

Questions? Please contact Susan Duke: sduke@napavintners.com or 707.968.4203