

Community Support Fund

The Napa Valley Vintners makes grants from Auction Napa Valley proceeds to agencies serving Napa County that are meeting a documented, demonstrated need in the areas of community health and children's education.

Our goal is to invest deeply rather than broadly to have a meaningful, measurable impact on the community. The majority of grants support organizations providing programs for Napa County's neediest residents, focusing on strategies for prevention and early intervention.

Based on these priorities, NVV awards grants from its Community Support Fund to provide substantial and typically unrestricted funding to a core group of about 25 organizations that work within the long-term priorities. NVV funding is an investment in the mission of the organization rather than for specific programs or projects.

Application Process & Timelines - https://napavintners.com/community/become_a_grantee.asp

Organizations that meet eligibility requirements may apply within one of these two long-term strategic priorities:

- Children's Education 501c3 nonprofit organizations whose programs support children's success in school
- **Community Health** 501c3 nonprofit organizations whose programs support prevention, treatment, and/or education related to physical, mental, and/or behavioral health

Instructions for Completion of Online Grant Application for Community Health

- **Carefully review** the NVV's <u>grantmaking model</u>, Community Support Fund <u>guidelines</u> and level of evidence <u>matrix</u> before completing the application.
- Complete the online form by 5:00 p.m. on **Monday, August 15, 2016** to be considered for a grant.
- The questions on the next page are the questions on the online form; however, **you must submit your actual application through 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 that 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 and have others review or edit your application prior to submittal.
- The documents listed on page 6 are part of the application and must be emailed by the deadline in order for your application to be complete.

• 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 **Monday, August 15, 2016**. Click "Submit" at the end of the form to save your changes.

You must first confirm the organization's eligibility. By checking the box you attest that your organization meets the eligibility requirements below and agree to provide documents to verify.

- **501c3** organization in good standing
- **D** The intended beneficiaries of the work are located in Napa County
- □ A minimum of one full-time paid staff member and five volunteer board members
- □ Most recent board-approved operating budget of at least \$250,000
- Request represents no more than 25% of the organization's overall operating budget for Napa County
- **O** Operated successfully for a minimum of two years at the time of application
- □ Work of the organization meets a documented community need. Documentation must come from third-party sources, such as a county-wide needs assessment.
- **D** Primary mission is in NVV's priority funding areas of Community Health or Children's Education
- Uses a logic model or theory of change and can explain how the organization's activities lead to identified outcomes
- Has an evaluation plan in place to measure and report on the work, with a clear track record of results wherever possible
- D Past grantees of NVV must have a record of positive performance as an NVV grantee
- D NVV will not fund private schools, private foundations or scholarship funds

General/Contact Information

Organization Name	
Mailing Address	City/State/Zip Code
Phone	Website
Tax ID #	Year your organization incorporated as a nonprofit organization
Contact Name	Title
Email	Direct phone
ED/CEO Name	Title
Email	Direct phone

A. Who you are - answer the questions in terms of *the organization*, not a particular program or project:

- 1. What is the mission of the organization: 500 maximum characters
- 2. Provide the following basic financial information:
 - a. What is your agency's fiscal year?
 - b. What is your total operating budget for the current fiscal year?
 - c. What is your total operating budget for Napa County for the current fiscal year?
 - d. How much grant funding are you requesting from the Community Support Fund?
 - e. 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. 500 maximum characters
- 3. Staff:
 - a. Briefly describe the required qualifications (degrees, language, years of experience, etc.) for your **direct service staff** and any additional training that your organization provides. 2000 maximum characters (most applicants should be able to do this in 1000, some of the larger organizations may need the full 2000)
 - b. What percent of your clients are bilingual or monolingual Spanish speakers?
 - c. What percent of your staff are bilingual Spanish speakers?
- 4. Board of Directors:
 - a. What percent of your Board of Directors' members make annual financial donations to your organization?
 - b. How long are Board terms? What is the maximum number of terms/length of Board service? 300 maximum characters
 - c. What are your current priorities in terms of recruiting new Board Members? 1000 maximum characters
- 5. Key accomplishments and goals:
 - a. Describe three key **organizational** accomplishments from the past year. 2000 maximum characters
 - b. Describe three key organizational goals for the current year. 2000 maximum characters

B. Who you serve:

- 1. What areas does the organization serve?
 - a. ____ Specific area(s) of Napa County:_____
 - **b.** ____ All of Napa County
 - c. ____ Multiple counties including Napa County
- 2. Describe the demographics of your target population. Where applicable, explain in terms of age, ethnicity, income level, geographic location, and any other relevant demographic characteristics. 1000 maximum characters
- 3. Unduplicated Napa County client counts:
 - a. How many total unduplicated Napa County residents do you serve each year?
 - b. Of those, how many are under the age of 18?

- **4.** Annual incomes of clients:
 - a. What percent of your clients have annual household incomes of \$25,000 or less?
 - b. What percent of your clients have annual household Incomes of \$25,000-\$50,000?
 - c. What percent of your clients have annual household Incomes of \$50,000-\$75,000?

C. Why you serve:

- 1. Identify the specific problems or unmet needs in Napa County that your organization seeks to address. 1500 maximum characters
- 2. Identify the **third-party source(s)** used to document these needs (county needs assessment, poverty rates, test scores, public health statistics, etc.). 500 maximum characters

D. How you work:

- 1. What are the specific strategies you employ to meet the needs identified above? Distinguish between prevention, early intervention and intervention strategies. 2000 maximum characters
- 2. Is there evidence OUTSIDE of your organization that the specific strategies above are successful in meeting the needs? 1500 maximum characters
 - a. If applicable describe how your organization employs promising practices. If you identify a promising practice note where it has been designated as such (website, professional/peerreviewed publication, etc.) 2000 maximum characters
 - b. If applicable describe how your organization employs evidence-based practices.
 - c. If you identify an EBP note where it has been designated as such (website, professional/ peer-reviewed publication, etc.) 2000 maximum characters

E. How you measure your programmatic work:

- 1. What is the evidence INSIDE your organization that your specific strategies are successful in meeting the needs? 1500 maximum characters
 - a. Using the Outputs & Outcomes template at the end of the instructions, provide outputs (number of youth served, number of medical exams conducted, number of tutoring sessions held, etc.) and outcomes (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.) for your organization. See page 6 – Attachments, #7
 - b. Describe how you measure the effectiveness of your work. Evaluation methods should include qualitative and quantitative data collection and analyses, computerized databases for program/client tracking, staff/consultants responsible for evaluation, and processes for staff/board review of evaluation findings. 3000 maximum characters. Provide an example of a current a measurement tool. See page 6 – Attachments, #8
- 2. Describe a **specific** change or improvement you have made to your programming or approaches based upon your **most recent** evaluation findings. 1000 maximum characters

F. How you align your work:

- 1. List the other **key** public and private service providers who serve your **target population**. 500 maximum characters
- 2. List the other **key** public and private service providers who provide **the same or similar services** as your organization. 500 maximum characters
- 3. How are your services unique in terms of approach and/or outcomes? 1000 maximum characters
- 4. How do you partner with these organizations to complement your work? Provide three to five specific examples using those organizations whose partnership is most important to your work. 1500 maximum characters. Provide the MOU with each organization mentioned (maximum of five). See page 6 Attachments, #4

G. NVV gives preference to organizations that meet all of eligibility requirements AND one or more of the following selection criteria:

- Organizations where NVV funding represents no more than the total income derived from all other philanthropic sources (individual, corporations, foundations, etc.) in the past fiscal year
- Organizations with programs focused on children and/or youth (defined as persons under age 18)
- Organizations with programs focused upon under-served and/or low-income populations
- Organizations with programs using preventative approaches
- Organizations with programs employing promising practices or evidence-based approaches
- Organizations who collaborate with other organizations to accomplish their goals, avoiding duplication of efforts, and filling clear service niches in the community

1. Describe how your organization specifically meets one or more preference selection criteria above.1500 maximum characters

Organizational structure:

- 1. Board roster that includes member affiliations and terms/years of service and city of residence
- 2. Organizational chart depicting key staff positions
- 3. **Brief** bios for the Executive Director/CEO and Director of Programs & Services (or equivalent position) *limit to one page ½ page for each position*
- 4. Memorandum of Understanding (MOU) for the partner organizations you identified in F.4. *Maximum of 5*

Measuring progress and success:

- 5. Logic Model or Theory of Change* one page, big picture for overall organization, you do not need to submit for individual programs
- 6. Current strategic plan or business plan. If you aren't currently working from a strategic or business plan do NOT create one for this application
- 7. 2016-17 Output/outcomes chart
- 8. Example of measurement tool used by your organization. This could be a survey, a client pre/post-test, a standardized screen tool, etc. Be sure to identify its source or if it was designed in-house.

Financial:

 Current fiscal year board approved annual operating budget that includes revenue sources and expenses

Include a separate tab that shows only the private funding support received in the current fiscal year (foundations, corporate contributions, individual donors, net proceeds of fundraisers, etc.) Do not list government grants/public funding. If you are expecting private funding between now and the end of the fiscal year please indicate as pending.

- 10. Statement of Financial Position (balance sheet) as of 6/30/16
- 11. Statement of Activities (profit and loss) as of 6/30/16
- 12. Most recent audited financial statements. If not available, then most recent 990 Form

When emailing your documents be sure that you name each **attachment** by your organization and what you are sending. Example: ABCnonprofit_board; ABCnonprofit_orgchart; ABCnonprofit_budget. Do not give attachments generic names.

Theory of Change: A theory of change is an articulation of the conditions and interventions needed to bring about a desired outcome or set of outcomes. It is often presented as an easy-to-access, at-a-glance graphic that depicts relationships among components. Theories of change usually depict the work of several programs or an overall agency and are used in evaluations of clusters of programs or overall agency impact.

Logic Model: A logic model is a representation of the relationship between a given set of activities and the outcomes (or change) expected as a result of those activities. A logic model serves as an at-a-glance tool to communicate what the program or organization does and how it defines success. It is often presented as a linear model with arrows indicating relationships among components.

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

The NVV funds organizations whose programs support prevention, treatment, and/or education related to physical, mental, and/or behavioral health.

We look at several outputs and outcomes that are common to organizations providing these services. Fill out the chart below; note that not all outcomes or outputs will apply to all organizations. If the output or outcome requested is not applicable to your organization use NA. Please do not change any wording in the chart and only supply the data requested – we will contact you if clarification is needed. Use the additional space to provide any other **key outputs and outcomes** your organization uses to measure success.

Number of unduplicated clients served Number of client visits or therapy/treatment sessions Number of clients, volunteers or providers trained in an approach, technique or strategy to prevent or reduce risk of illness or injury Number of educational training sessions, workshops, etc. provided to volunteers, providers, or clients Key outputs not included above Common Outcomes	# clients # volunteers # providers # for clients # for volunteers # for providers Expected in 2017
Number of clients, volunteers or providers trained in an approach, technique or strategy to prevent or reduce risk of illness or injury Number of educational training sessions, workshops, etc. provided to volunteers, providers, or clients Key outputs not included above	<pre># volunteers # providers # for clients # for volunteers # for providers Expected in 2017 </pre>
strategy to prevent or reduce risk of illness or injury Number of educational training sessions, workshops, etc. provided to volunteers, providers, or clients Key outputs not included above	<pre># volunteers # providers # for clients # for volunteers # for providers Expected in 2017 </pre>
providers, or clients Key outputs not included above	# for volunteers # for providers Expected in 2017
Common Outcomes	
Common Outcomes	
Common Outcomes	
	Expected in 2017
Number and percentage of clients with improvement in at least one health indicator from the treatment sessions above	
For above, indicate what measure/measurement tool is used to determine this	
Number and percentage of clients reporting satisfaction in the quality of services received	
For above, indicate what measure/measurement tool is used to determine this	
Number and percentage of clients, volunteers, or providers reporting increased skills and knowledge as a result of training in preventive approach, technique or strategy	# and % of clients# and % of volunteers# and % of providers
For above, indicate what measure/measurement tool is used to determine this	
Number and percentage of clients, volunteers, or providers who report a positive change in client behavior as a result of knowledge gained	# and % of clients # and % of volunteers # and % of providers
For above, indicate what measure/measurement tool is used to determine this	
Key outcomes not included above (and how it is measured)	Expected in 2017