napa valley vintners

COMMUNITY SUPPORT FUND

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

Our strategy is to invest deeply, rather than broadly, in the areas of community health and children's education to level the playing field for vulnerable residents and create a positive impact on our community. Our overall desired impact is: All residents of Napa County have access to quality health services and educational opportunities that help them live healthy, productive lives.

The majority of grants support organizations providing programs for Napa County's most vulnerable residents, focusing on strategies for prevention and early intervention.

Based on these priorities, NVV awards grants from its Community Giving Fund to provide substantial mission driven funding to about 25 organizations that work within the long- term priorities.

NVV OPERATING PRINCIPLES

We define ourselves as investors and are interested in creating the highest possible levels of human gain for the grant dollars we have available. Given this focus, Napa Valley Vintners reviews each proposal with respect to available funds and responses to three overarching questions:

1. What results will the organization achieve and how will we know when those results have been achieved? (Results are defined as the positive changes in behaviors and/or conditions in participants or clients that will be achieved through the organization.)

2. How likely is it that the organization will achieve the results proposed?

3. Is this the best possible use of Napa Valley Vintners funds given other opportunities before us?

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 academic success

- **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

- ❒ Carefully review the NVV's grantmaking model, Community Support Fund guidelines, Results Trails and level of evidence matrix before completing the application: **Become a Grantee**

- ❒ The questions on the next pages are the questions on the online application; however, you must submit your actual application through the website: **Community Support Fund Login**

- ❒ NVV funding is an investment in the mission of the organization rather than for specific programs or projects, therefore organizations are only eligible to receive one grant annually

- ❒ Following our philosophy of investing deeply rather than broadly, requests must be a minimum of $50,000

- ❒ If NVV's grant is less than 5% of an organization's annual budget in Napa County, alternatives to operational funding may be considered; such as projects, programs or equipment

- ❒ Please make every effort to be succinct when answering questions. The examples within the application provide a template not only for content but for length

- ❒ Note that individual pages on the application will time out after three hours, so use the save button at the bottom of the page accordingly

- ❒ You will be able to make edits to your online application until the submission deadline, use the save button as needed. Only use the submit button when your application is complete, you will not be able to make edits once you submit.

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

- ❒ 501c3 organization in good standing

- ❒ 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

- ❒ If NVV's grant is less than 5% of an organization's annual budget in Napa County, alternatives to operational funding may be considered; such as projects, programs or equipment

- ❒ Operating successfully for a minimum of three 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.**

- ❒ Primary mission and the results you aim to achieve align with NVV's priority funding areas of Community Health or Children's Education

- ❒ Uses a logic model or theory of change to explain how the organization's activities lead to identified results

- ❒ Has a plan in place to verify and report on the work, with a clear track record of results wherever possible

- ❒ Past grantees of NVV must have a record of positive performance as an NVV grantee

- ❒ NVV will not fund private schools or private foundations

- ❒ Achieves more than one of the NVV desired results

CONTACT INFORMATION:

Contact Name, Title, Email, Direct phone
ED/CEO Name, Email, Direct phone

ORGANIZATION INFORMATION:

Organization Name and Year of Application (if you currently use a DBA, or other name to brand your organization, use it here). Format: XYZ Organization 2019

Organization Legal Name (if different from above)

Tax ID number, Mailing Address City/State/Zip Code, Phone, Website

Year your organization incorporated as a nonprofit organization

What is your agency's fiscal year **start date**?

What is your board approved **total operating** budget for the **current** fiscal year?

What is your board approved total operating budget **for Napa County** for the **current** fiscal year?

How much grant funding are you requesting from the Community Support Fund?

What is your organization's mission?

Guidance: We see the mission statement as defining what your organization is, why it exists and its reason for being.

Examples:

- The mission of the Davis Health Alliance is to ensure that low income and at-risk individuals in our county get and use health care services.

- The mission of School Turnaround is to reverse decline in failing public schools.

ORGANIZATION CAPABILITY:

Please provide a summary (250 words) of your organization's core programs.

If you canceled or postponed your annual fundraiser, did you turn it into a virtual or online event, and what success did you have?

Are you interested in having a portion of your funds used as match in your fundraiser? If so, how much?

Guidance: Several of our nonprofit partners like to request a portion of their funding be used as leverage or match for their annual fund-a-need campaign. We may be interested in working with you on that.

What are your organization's core programs that address the specific system, condition, or issue you want to influence?

What are the benefits of your program to those you serve during the grant period? What measure will you use to help you know you have delivered your program and achieved these benefits.

Please describe the innovations your organization has employed to respond to the COVID 19 pandemic.

What is your strategy for service provision through the end of 2020? and how will you measure your success?

Briefly describe the **characteristics of your key staff**, and explain how they contribute to the results you want to achieve.

What percent of your **clients** have English as their second language?

What percent of your **staff** are bilingual and/or bi-cultural?

Who are the TOP THREE partners and collaborators CRITICAL to your success? What will they provide to help your participants achieve your results? (DO NOT list every partner you work with.)

Guidance: Describe how the organization(s) will actually work with you and what they have committed to provide to ensure your success.

Example: We partner with the three local hospitals, who all provide lifestyle programming (healthy living programs such as eating healthy, exercise programs, weight loss, smoking cessation), and we've worked it so our participants are able to participate on a sliding fee scale, based on their income, versus the full cost which is a barrier for our participants. We also partner with ABC transportation and they provide transportation for any of our participants who need it, in order to participate in the programs at the hospital.

What predicts your sustainability as an organization? Please speak to your overall organizational health.

Guidance: We want to make sure that we invest in sustainable organizations that lead to strong results for the Napa County community. As you think about what evidence to give us, consider the following:

1. Finances—trends, events, other factors that influence your financial viability, including months of cash on hand. Contribution base and cost control are both important here. Grant applicants who participated in FMA trainings please refer to your Liquid Unrestricted Net Assets (LUNA) – the amounts of cash, receivables, and liquid investments that an agency has on hand that are not designated for specific purposes by the terms of government contracts, foundation grants or individual donor intent.

2. Leadership—including past or anticipated losses of key people at board and staff levels and any current gaps in capacity.

3. Program achievements—the extent to which your achievements for participants will make you competitive for investment in an increasingly outcome-driven world.

4. Comparative positioning—recognition of you and your brand within your area of expertise and impact on the community. Growing recognition is often a key factor.

Example:

The Davis Health Care Alliance confidently predicts its sustainability over the next 5-10 years for these reasons:

1. While our financial net varies year to year, we are always in the black over any three-year rolling average and have established an operating reserve. Further, our government and foundation payments give us positive cash flow. We have longstanding funders who have indicated they will continue to provide funding to us.

2. Our leadership is solid. While Kathryn and key staff anticipate remaining, we are working on a long-term succession plan. Board leadership rotates, and we have identified the next three alternating chairs.

3. Our program achievements make us an outstanding health investment. Because of our results we have been designated the County's preferred provider of mental health services for seniors.

In the geographic area you serve what organizations are most similar to you? And what differentiates you from them?

Guidance: Most nonprofits have comparable organizations. We want to know who you see as most similar so that we can both look at a broader picture of groups approaching the same issues within an area and gain a sense of how you are different. This question encourages you to tell us what we should remember about you that makes you stand out in some ways. Please do not do so by a critique of other groups. Speak to your own strengths.

Examples:

- The Care Network of St. Mary's Hospital and the Health Advocacy Forum are the closest organizations we can define. The Network is somewhat different in providing a vertical connection from prevention to post-treatment services for patients and customers of this 450-bed hospital. We, in contrast, are looking horizontally and

WHO YOU SERVE:

What areas does the organization serve?

☐ All of Napa County (no other counties)

☐ Only specific area(s) of Napa County

☐ Multiple counties including Napa County

NAPA COUNTY ONLY PARTICIPANT DEMOGRAPHICS
ENTER INFORMATION FROM YOU MOST RECENT FULL YEAR

Total number of unduplicated Napa County residents served across all programs _____

Gender	#
Male	
Female	
Transgender man	
Transgender woman	
Other	
Declined to state /unknown	

TOTAL # ASKED FOR GENDER INFO: _____

Race/Ethnicity	#
African-American	
Asian/Pacific Islander	
Caucasian	
Latino	
Other	
Declined to state /unknown	

TOTAL # ASKED FOR RACE/ETHNICITY INFO: _____

Annual Household Income	#
Less than $25,000	
$25,000 - $49,000	
$50,000 - $75,000	
More than $75,000	
Declined to state /unknown	

TOTAL # ASKED FOR INCOME INFO: _____

Geography	#
American Canyon	
Calistoga	
Napa	
St. Helena	
Yountville	
Unincorporated Napa County	
Declined to state /Unknown	

TOTAL # ASKED FOR GEOGRAPHY INFO: _____

Primary Language	#
English	
Spanish	
Other	
Declined to state /unknown	

TOTAL # ASKED FOR LANGUAGE INFO: _____

Age	#
0-3	
4-6	
7-9	
10-12	
13-15	
16-18	
19-24	
25-44	
45-64	
65 and over	
Declined to state /Unknown	

TOTAL # ASKED FOR AGE INFORMATION: _____

Does the above data reflect your target population? If not, please explain:

Guidance: If your goal is to serve approximately the same number of boys and girls in your youth program but are currently serving 70% girls; or you are aiming to serve a larger number of lower income families**. The majority of NVV investments support organizations that serve those most in need.**

Describe the primary characteristics, conditions or attributes of the population you serve.

What percent of the population you serve do you consider highly vulnerable? Somewhat vulnerable? Less vulnerable?

What are the top organizational and programmatic results you want to achieve during the grant period?

YOUR RESULTS:

What are the top two or three organizational and programmatic results you want to achieve during the grant period?

Guidance: We understand that our funds are not meant to help in any specific program or project, yet we are very interested in your ongoing success and whatever results are important to your organization. Please help us understand your top priorities this year, internally, and/or externally. From our perspective, your success is our success.

Examples:

- We have two main priorities this year at the Alliance. The first is to increase the space we have available to serve at least 200 new clients annually and the second is to increase our outreach to a growing immigrant population from Bosnia. There are over 450 new families that have immigrated into our county and we hope to serve at least 50% of them over the next 2 years.

- Our School Turnaround priorities this year are to bring on three additional turnaround specialists and add at least two new middle schools and five new high schools to our roster. In addition, we are looking to have a national presence at the National Conference on Education to educate public school leadership on the value of our approach.

If you achieve your two or three organizational results, what would be the specific benefits for those you serve and how would you know they occurred? (For those organizations serving multiple counties, <u>as part of your answer include specific benefits to those you serve in Napa County.</u>)

Guidance: Here we ask you to focus on the results of achieving your priorities this year – both internally and externally. Please keep in mind that actions and milestones (i.e., a client attended a workshop, a new staff person was hired or a new wing was built) are not the same as results. The result is the benefit that was gained from making those changes. This distinction is critical. Please focus on changes in behaviors and conditions for both the organization and those you serve instead of on the activities in your programs or staffing. Once you have stated the benefit you anticipate, also specify how you will verify this benefit was achieved. No extensive evaluation is necessary here – we just want to understand how you will verify that the benefits are in place.

Examples:

- Once our space is completed at the Alliance center, we anticipate working with an additional 200 pregnant women at risk for low birth weight and other preventable infant issues. Over half of them will come from the newly arrived immigrant population through our outreach efforts. Of these, 175 or more will deliver babies without preventable problems and within normal birth weights. We will confirm this through aggregate reports from the two local hospitals we support. They will provide totals on both the babies and the ethnicity of the mothers.

- These are the benefits we hope to see at School Turnaround:

  - To create a strong presence at the National Education Conference leading to 10 school superintendents expressing interest in using our School Turnaround approach over the next 3 years. The post-education feedback survey we use at the conference will be used to confirm the superintendents who are interested in

using our approach going forward. We will follow up with all of them by phone and then 1-1 to gauge their ability to move forward.

- The three new specialists we hire with expertise in both middle and high school, will have the capacity to turn around a school on their own within 6 months of being hired. We will verify that our new specialists are ready through our certification process that puts new specialists through their paces using role playing in compressed time.

- Of the 7 new middle and high schools that sign on, at least 6 will achieve their turnaround targets set for one school year. The minimal gain is a 15% increase over the previous year in key specified subjects by those student groups (often minorities) that are lagging behind. Verification of school success in the 6 we project to achieve their turnaround targets will be through high stake test scores.

Halfway through the grant period how will you know you are on track to achieve your organizational results?

Guidance: When answering this question, look at your organizational priorities and determine what your organization should be achieving halfway through the grant period. We call these interim success points, milestones.

One way to approach developing milestones is to ask yourself, "what predicts success?" What do you know to look for during the middle of the grant period that shows you are on track to achieving the organizational results you articulated above? This approach has the value of insuring a focus on predictive factors or indicators of success.

Examples:

- Our new space is built out within the budget and timeline we agree on with the contractor.

- Early evidence of participants following medical or broader health advice. If we do not see a change in behavior by the end of the second month (whether eliminating smoking or excess drinking, exercising, or anything else) we are not likely to see more major changes later. And we run out of time for changes to be consequential.

- The principals with whom we work will meet with teachers to review student progress at four points during the year. These are not "practice tests" but rather clear demonstrations of the knowledge and competency that need to be built if a child is to pass the high stakes test in the Spring and become proficient in a core subject. When insufficient numbers of students are on track at these four points in time, course corrections are made, first at the individual teacher level and then with broader resource realignments as needed.

What Napa Valley Vintners' desired results (Results Trails) do you expect your target population to achieve? List the number that you predict will achieve the respective results.

Guidance: Only complete the result(s) statement(s) below relevant to your organization. More than one section may be applicable in some cases. List only the number of individuals who will achieve each respective result.

And, how will you verify the changes in behavior and condition for your participants? What information or evidence will be used to verify the change has occurred?

Guidance: In the tables below, explain how you will verify that participant changes happened. Keep it as simple as possible and look to methods that are low effort and low cost. You may be able to use existing data sources or rely on existing measuring instruments. You may also be able to use observations and reports by others, or in some cases, self-reported behaviors.

Only put in Number to Achieve and Method of Verification for Results that are relevant to your organization. Some boxes will remain zero.

Of the Napa County children and youth you will serve whose emotional and/or physical health are at risk due to adverse childhood experiences, how many will:

Result	# to Achieve	Method of Verification
Have parents or caregivers who provide appropriate care and support		
Receive a screening/assessment and can access needed services and programs		
Have immediate emotional, safety and/or physical health needs met in response to a crisis		
Are emotionally and/or physically healthy on a short-term basis		
Demonstrate at least one new healthy behavior on a short-term basis		
Practice healthy decision-making and social maturity on a short-term basis		
Have positive adult and peer relationships		
Demonstrate healthy behavior on a long-term basis		
Practice healthy decision-making on a long-term basis		

Of the Napa County **Adults** Seeking Emotional and/or Physical Health and Wellness, you will serve, how many will:

Result	# to Achieve	Method of Verification
Receive a screening/assessment and connect to needed services		
Stabilize immediate emotional, safety and/or physical health needs		
Establish and utilize a medical home		
Maintain improved emotional and/or physical health and wellness status on a short-term basis		
Connect socially or engage in regular/frequent social, safe, healthy relationships and activities		
Maintain health and wellness practices on a long-term basis		

Of the Napa County Children & Youth Pursuing Educational Success you will serve, how many will:

Result	# to Achieve	Method of Verification
Children birth - five demonstrate social, emotional, cognitive and physical developmental milestones		
Receive a screening/assessment and connect to needed services		
Are academically at or above grade level or have made meaningful progress, this includes kindergarten readiness		
Have positive parent engagement, peer relationships and/or school connection		
Connect to needed supports and resources for educational success		
Become aware of possible careers and select paths to achieve life goals		
Obtain High School diploma		
Enroll in post-secondary education or training		
Complete post-secondary education or training		

For the Results Trails above, how will you track success for your participants during the grant period? Please include midway benchmarks you will use to manage progress, and the key activities needed to reach those benchmarks.

Note: All milestones should occur within the grant period.

Guidance:

A strong answer to this section includes:

1. Benchmarks that reflect progress points that you need to achieve to be on track to reach your desired results.

2. Key Activities that include only the major efforts that are required to move the organization to each progress point.

3. A clear IF – THEN relationship between a major project activity and the benchmark that defines success for that activity.

4. Enter your Key Activities & Benchmarks in the chart below. **Click + to add additional Key Activities and Benchmarks.**

Enter your Key Activities and Milestones in the chart below. Record milestones that repeat in each Q cumulatively

Midway	Key Activities	Benchmark

CAPACITY BUILDING - *THIS SECTION MAY NOT BE RELEVANT FOR YOUR ORGANIZATION*

Are you engaging in any projects to increase your organizational capacity during this grant period? Yes/No.

Provide a brief summary of your proposed capacity building plan.

Indicate which of the following you will complete during the grant period (select all that apply):

- ❒ Identify areas for improvement
- ❒ Contract for services, purchase system, get new model, hire new staff person, connect with collaborators, etc.
- ❒ Identify & update staff, procedures, materials and/or practices
- ❒ Develop and implement change & demonstrate ability to successfully use new capacity
- ❒ Use new capacity and confirms they are on track to achieve organizational results
- ❒ Realize reduced costs or increased revenue (increased efficiency)
- ❒ Improve results for those served (increased effectiveness)

Organizational Gains:

Indicate below the organizational gains you anticipate achieving with your capacity building efforts and the dates when you anticipate achieving them:

If you selected reduced costs above, please estimate the total cost saving and when you expect to achieve them:

$_____by_____/_____/_____date

If you selected increased revenue above, please estimate the total revenue increases and when you expect to achieve them: $_____by_____/_____/_____date

Participant Gains:

Indicate which of the participant gains you'll achieve with your capacity building efforts (select all that apply):

- ☐ Increase number served – New capacity or collaboration may enable the organization to serve a larger part of the community in need.

- ☐ Increased results for those served - An improvement may prompt better results in two distinct areas: more people achieve the result you intended and/or additional results are achieved by existing people)

- ☐ Decreased time to get to results - Reducing the time it takes to enable participants to achieve results is a benefit to those you serve and may even enable you to increase the number of people you reach or reduce costs to the organization.

If you selected increase number served, indicate the number of NEW participants that could benefit (when the change is fully implemented) and when do you anticipate that occurring?

# of NEW participants to benefit:_____by_____/_____/_____date

How will you verify the increases in your capacity? What information or evidence will be used to confirm the results have occurred?

Guidance: Explain how you will confirm that you achieved the participant and/or organizational gains. Keep it as simple as possible and look to methods that are low effort and low cost. You may be able to use existing data sources or rely on existing measuring instruments. You may also be able to use observations and reports by others, or in some cases, self-reported behaviors

Example: We will verify that our staff are effectively utilizing our new client tracking software by being able to generate reports that show progress of clients in their relevant programs and services.

SYSTEMS CHANGE - *THIS SECTION MAY NOT BE RELEVANT FOR YOUR ORGANIZATION*

Will you work with other organizations, attempting to improve THEIR systems or approaches, during this grant period? Yes/No

What, specifically, is the system, condition or issue that you want to influence through your efforts?

Guidance: Provide a brief description of what challenge and/or opportunity organizations are facing that you're attempting to influence.

Example: The challenges we wish to address fall into three main categories: sentencing alternatives for first time offenders; availability of medication, mental health, health and substance abuse services in correctional and reentry settings; and financial incentives for employers to hire incarcerated and recently incarcerated individuals.

What is the population or place you propose to help through this project?

Guidance: Describe the persons, groups or places and the challenges they face that are not effectively addressed under current conditions or within existing systems. This may be a general group or a subset of persons whose specific risks or issues are not covered or served adequately by existing systems.

Example: Many non-violent, low-level offenders are being incarcerated, when in fact they could receive lower level sentences and get treatment in the community. America by far has the largest population of incarcerated people in the world with African Americans dramatically over-represented in prisons. The cost of incarcerating the high numbers of persons in prison is not sustainable by states, and drug offenders or those with mental health issues need treatment, not prison. Employers would also benefit from the legislation we are proposing because they would have access to hard working, loyal employees and receive tax benefits for participating in a program that offers participants a second chance after they pay their debt to society.

What results do you anticipate achieving once the change in the system is fully made?

Guidance: What will be different for the population you wish to support; what percentage will be benefiting and when do you envision that occurring? Please keep in mind the results that we seek in each of our areas of focus areas outlined below in your response to this question.

Example:
By December 31, 2020:

- State Lawmakers will have passed new policies that reduce the incarceration rate by 12% annually or 6,000 people.

- Of the formerly incarcerated who reenter the community, only 1,000 of 2,000 individuals will return to prison in 2020 compared to 1,500 of 2,000 annually who currently do.

- 10 additional employers will participate in hiring formerly incarcerated and incarcerated individuals.

What is the total number of Napa County community members who could benefit when the change is fully implemented and when do you anticipate that may happen?

# of participants to benefit:_____ by____/____/_____date

If your results will not be achieved during the grant period, describe the specific results you anticipate achieving by the end of the grant period.

Guidance: Results are not activities, such as participation in workshops. They are specific, verifiable changes in behavior, made possible by these activities. Please note the difference between the number of persons to be served, versus the number of participants who will achieve the desired result. The number to be served should be larger than the number to achieve the result.

Example:
By December 31, 2017:

- 2 state lawmakers will commit to putting together a bipartisan committee to address effective reentry efforts in LA.

- 2 or more effective policies will be identified and presented to the Legislature for consideration in the 2016 legislative session.

- 30 employers will have been informed of the benefits of hiring incarcerated and formerly incarcerated individuals.

- 3 employers will commit to hiring incarcerated and formerly incarcerated individuals.

How will you verify the specific results you'll achieve by the end of the grant period? What information or evidence will you use to verify the results have occurred?

Guidance: Explain how you will confirm that you achieved the participant and/or organizational gains. Keep it as simple as possible and look to methods that are low effort and low cost. You may be able to use existing data sources or rely on existing measuring instruments. You may also be able to use observations and reports by others, or in some cases, self-reported behaviors.

Example: We will verify the commitment of 3 employers to hiring incarcerated and formerly incarcerated individuals by getting a commitment letter from the employers.

NAPA COUNTY PARTICIPANT SUCCESS STORY

Please share a story that demonstrates the innovative and creative spirit and can-do attitude of
your organization and the entire Napa Valley that we can use in marketing.

Please answer the questions below thinking of the success story you wrote about in the above
question. (brief answers are best).

- How did the client find out about your services?

- What specific services does the client use?

- What are the clients needs related to? *Guidance: parenting, child abuse, domestic violence, language, citizenship*

- How long has the client been involved with your organization?

- What services were essential to this client's success? Please list.

- How has the client benefited from your services? What's changed?
- What city did the client reside in? What city were services accessed?

1. **Do you have relevant media to attach? Check those that apply:**
2. **Please attach your picture or compressed video file here:**
3. **Copy and Paste URL to YouTube video here:**

REQUIRED DOCUMENTS *– MUST BE UPLOADED BY THE DEADLINE*

1. Board roster that includes member affiliations, 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*) Must fit on one page*

4. Memorandum of Understanding (MOU) for any partner organization ***if you plan to contract services*** pertaining to work that affects NVV desired results.

5. Logic Model or Theory of Change* – Big picture for overall organization ***as well as*** any ***key*** programs where you may be using a logic model

6. Current board-endorsed 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. ***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.

8. Current Statement of Financial Position (balance sheet)

9. Current Statement of Activities (profit and loss)

10. Most recent audited financial statements. If not available, then most recent 990 Form

11. If you have additional attachments you would like to share please attach here. **Guidance:** *Examples may include your most recent year end report or program specific data you would like to share.*

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 Michelle Laymon: MLaymon@napavintners.com or 707.968.4203