



napa valley vintners

## Healthy Community Fund

The Napa Valley Vintners makes grants from its Healthy Community Fund 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 Healthy Community Fund to provide substantial mission driven funding to about 30 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](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, Healthy Community Fund guidelines, NVV Collective Impact Outcomes 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: [Healthy Community 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

Length CEO Tenure

## 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 2021

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

How much grant funding are you requesting from NVV's Healthy Community Fund?

Does this year's request differ from last years? If yes, please explain (Please limit to 100 words)

What **percent** of your programming focuses on prevention-based strategies?

Does your organization employ promising practice(s) or an evidence-based approach?

If yes, please explain. (Please limit to 100 words)

What is your organization's mission? Limit 100 words

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 FINANCES:

What is your agency's fiscal year start date?

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

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

Is your organization currently carrying a deficit? If yes, please provide detail about how much of a deficit you are carrying and explain why. Please limit to 100 words.

Does your organization have an annual operating reserve (LUNA)?

Months of Operating Expenses in Reserve?

How often is your organization audited?

Date of last Audit?

Did your audit result in a management letter with findings? Please explain.

What is the total amount of philanthropic dollars you raised in the last fiscal year?

Guidance: For Philanthropic dollars include only contributions from individuals, corporations, and foundations. **Do NOT** include government contracts, fee for service or your prior year grant from NVV.

## ORGANIZATION CAPABILITY:

What are your organization's core programs? 100 word limit

Who are the top three partners and collaborators CRITICAL to your success?

Guidance: Describe how the organization(s) 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 can 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, to participate in the programs at the hospital.

Number of Full-Time Staff with Associate Degrees:

Number of Full-Time Staff with bachelor degrees:

Number of Full-Time Staff with Advanced Degrees:

Number of Full-Time Staff:

Number of Part-Time Staff:

Number of volunteers used in programing:

## DIVERSITY, EQUITY AND INCLUSIVITY PRACTICES:

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

Provide the overall % for your clients. Do not enter % sign

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

Provide the overall % for your staff. Do not enter % sign

How many individuals make up your leadership team/board members for people of color and women?

Does your organization have a Diversity, Equity & Inclusion policy? If yes, briefly describe your organization's Diversity, Equity & Inclusion policy. 100 word limit

## WHO YOU SERVE:

What is the issue or opportunity you propose to address?

- Guidance: Present the facts and evidence that support the need for your organization's services/programs in Napa County. The information used to support the case should come from a credible third-party source as well as your organization's own experience. 150 word limit.

**What is the size and scope of the problem or condition?**

- Guidance: This information provides the necessary baseline data needed to assess effectiveness of services. Please link to sources. 150 word limit.

## Your Key Performance Indicators

How will you know if you have been successful? 100 word limit

How will you evaluate your success during the grant period? 100 word limit

What areas in Napa County does your organization serve?

In the geographic area you serve what organizations are most like 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.

Example:

- 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 community wide at how to integrate health providers and services. The alliance is distinct in that it focuses on the rights of people—especially those low income and minority—to health care access. We are less focused on defending rights than meeting needs.

### 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: \_\_\_\_\_

TOTAL # ASKED FOR Geography INFO: \_\_\_\_\_

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

Total # asked for Age 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 Language info: \_\_\_\_\_

Primary Language	#
English	
Spanish	
Other	
Declined to state /unknown	

Total # asked for Household Income info: \_\_\_\_\_

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

Does the above data reflect your target population? If not, please explain (100 word limit):

- Example: 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.**

What percent of the population you serve do you consider:

- highly vulnerable
- Somewhat vulnerable
- Less vulnerable

**What Napa Valley Vintners’ desired results (Collective Impact Outcomes; previously 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.

**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 serve whose emotional and/or physical health are at risk due to adverse childhood experiences, how many will:**

<b>Result</b>	<b># to Achieve</b>	<b>Method of Verification</b>
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		
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:**

<b>Result</b>	<b># to Achieve</b>	<b>Method of Verification</b>
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		



## 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 client's 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 live? 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 contracts or fee for service revenue in this tab). If you are expecting private funding between now and the end of the fiscal year, please indicate as pending. Please include brief narrative if COVID-19 has significantly impacted your budget.
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 that 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](mailto:MLaymon@napavintners.com) or 707.968.4203