Part 1

Hello, Jade Vargo Nelson

Please complete this application. The San Francisco Foundation strongly encourages its applicants to draft and edit text fields in a word processing application, save the file to your computer, then cut and paste into the online application. This can prevent the accidental loss of data. For further information on application guidelines and eligibility please visit the Application Guidelines.

At the top and bottom of the screen, you can save your application for later, or click "Save and Continue" to advance to the next page now. Please note: you will be logged out after 3 hours; to ensure your information is saved, we recommend you click "Save and View" every 15 minutes while you are working on your application.

2012-2013 Open Call for Applications - Community Health

Funding Request

The San Francisco Foundation recommends that all applicants read the Application Guidelines prior to completing this application.

Please note that all character counts include spaces.

Please Select the Type of Support this request is for: See more information about Type of Support

○Project Support ○Core Operating Support ○Capacity Building

If this is for project or capacity building support, please provide a project description and describe why funding is critical at this time. If you are requesting core operating support, describe why you need funding. *(2,200 characters)*

Organizational Background

Please provide background information on your organization, including a brief description of the history, staff, and board. Please include information on how you serve vulnerable communities and promote diversity. *(2,200 characters)*

Alignment with Foundation Values and Strategies

Please describe the social justice focus of your work/project. *(1,200 characters)*

Please describe what community need you are addressing and how your work will advance progress in that area. *(1,200 characters)*

Program Area Goals, Objectives and Strategies

To see extended version of the Goals and Objectives click here

Goal(s):

To promote health and reduce health inequities significantly in low-income communities and communities of color.

Objectives and Strategies

1. Implement health reform to insure that underserved populations have access to culturally competent, quality, and affordable healthcare.

• Support education and advocacy efforts to improve community literacy regarding eligibility and coverage options for underserved populations
• Support community organizing efforts to assure underserved populations have a voice in healthcare reform implementation
• Support state, regional, and local policy and advocacy efforts that address key provisions of health reform that significantly impact low-income individuals and families, and communities of color such as the expansion of Medi-Cal and other provisions that address health inequities
•Support policy and advocacy efforts to preserve and increase state and local funding for existing healthcare safety net services

2. Invest in community clinics and other healthcare safety net providers to assure access to culturally competent, quality, and affordable healthcare for underserved populations.

•Support and strengthen community-based clinics and other healthcare safety net providers to expand access to underserved populations, including access for those not covered by healthcare reform
•Support the use of culturally and linguistically competent health workers to implement evidence-based strategies to reduce the rates of chronic disease and promote health and wellness.

3. Invest in community-based organizations, community leaders, and public health departments to plan and implement community prevention activities to reduce chronic disease rates and address health inequities.

• Invest in planning and capacity building efforts that engage community-based organizations, community leaders, and public health agencies to work in collaboration across sectors (E.g. public health, transportation, land-use planning, economic development, and environment and environmental health agencies) to develop community prevention strategies that advance health and well-being and reduce chronic disease
• Invest in grassroots organizing that solicits the input and knowledge of residents on how community prevention strategies can improve overall health and well-being at the neighborhood level

In the box below type the number of the objective that most closely reflects your program work.

Describe how your organization and its current programs/project will address the identified objective. *(1,200 characters)*

Describe how your organization and its current programs/project are implementing and/or supporting any of the identified strategies. *(1,200 characters)*

Outcomes

Addressing one or more of the above objectives and strategies above, what are the main outcomes for which you are requesting support? See more information about Outcomes

Outcome 1 *(800 characters)*

Outcome 2 (optional) *(800 characters)*

Outcome 3 (optional) *(800 characters)*

Activities

What are the most important activities that will help you achieve those outcomes? Include specifics about the frequencyand duration of the events or services provided. Only one activity is required. See more information about Activities

Activity 1 *(600 characters)*

Activity 2 (optional) *(600 characters)*

Activity 3 (optional) *(600 characters)*

Activity 4 (optional) *(600 characters)*

Activity 5 (optional) *(600 characters)*

Indicators of Success

How will you determine whether your activities will help you reach your project or organizational goals? What are the indicators you will use to measure your sucess or progress? *(1,750 characters)*

Evaluation/Impact

Describe how you will evaluate the success of the work you are proposing. Descibe how you will scale, replicate or broaden your impact. Please reference your proposed outcomes and activities. *(1,750 characters)*

Is this a new project or ongoing work that your organization has previously received funding for?

Please indicate if you have received funding from The San Francisco Foundation before, and briefly summarize the impact those grants have made.*(1,500 characters)*

Lobbying

Does your work contain any lobbying or advocacy? Yes or no. Please describe. *(600 characters)*

Program Service Percent

The three categories in this box are the same as those on the IRS Form 990, Part II, Statement of Functional Expenses. If you are using a fiscal sponsor, or are a city or university department, please estimate your project's functional expenses. Do not report the functional expenses for the fiscal sponsor or for the entire city or university.

Please note the functional expenses must be greater than 0.

• Program Services include activities that result in services being provided to beneficiaries that fulfill the organization's mission.

• Management and General includes oversight, business management, general recordkeeping, budgeting, financing, and related administrative activities, as well as management and administration except for direct conduct of program services or fundraising activities.

• Fundraising includes publicizing; conducting fundraising campaigns; maintaining donor mailing lists; conducting special fundraising events; preparing and distributing fundraising manuals, instructions, and other materials; and conducting other activities involved with soliciting contributions from individuals, foundations, government agencies, and others.

(Please use whole numbers to represent percentages i.e. 60, 30, 10)

What percent of your organization's prior year actual spending went to program services?

0.00

What percent of your organization's prior year actual spending went to management activities?

0.00

What percent of your organization's prior year actual spending went to fundraising activities?

0.00

Financial Information

Please tell us what your total project budget is. (If you are requesting Core Operating Support please enter your total organization budget.)

0.00

Project Start Date: If you are requesting core operating support please leave blank.

Project End Date: If you are requesting core operating support please leave blank.

Organization Fiscal Year State Date:

Organization Fiscal Year End Date:

Revenue Budget and Expenses

Please provide your organization's budget, project budget and your proposed budget for TSFF dollars.

In the fields below, the top section is for revenue and the fields below "Amount Requested" are for expenses. If you have expenses that do not fit in the defined fields, please use the "Other" category. Please leave blank any field that does not apply .

• The Previous Year Carry Over for the organization is also known as the previous year's End of Year Net Assets.

• Please provide a total in each category. You do not need to list individual foundations or government sources.

• Committed funding includes those sources of support that have been confirmed.

• Projected revenue includes sources of support that you are currently requesting or plan to request. Your request to The San Francisco Foundation is listed on a separate line.

***If you are requesting core operating support, please only complete the Organization budget column.**

**If your organization is part of a public entity, in the organization budget please use your department figures, not the entire public entity.

Please use whole numbers and do not use any formatting!

Budget Category

Budget Category	Organization Budget	Project Budget	TSFF Budget
Previous Year Carry Over	$0.00	$0.00	$0.00
Committed revenue - Other foundations/corporations	$0.00	$0.00	$0.00
Committed revenue - Government	$0.00	$0.00	$0.00
Committed Revenue - Other Partners	$0.00	$0.00	$0.00
Committed revenue - Box office revenue	$0.00	$0.00	$0.00
Committed revenue - Earned revenue	$0.00	$0.00	$0.00
Committed revenue - Individual donors	$0.00	$0.00	$0.00
Committed revenue - Income from endowment	$0.00	$0.00	$0.00
Projected revenue - Other foundations	$0.00	$0.00	$0.00
Projected revenue - Government	$0.00	$0.00	$0.00
Projected revenue - Box office revenue	$0.00	$0.00	$0.00
Projected revenue - Earned revenue	$0.00	$0.00	$0.00
Projected revenue - Individual donors	$0.00	$0.00	$0.00
Amount requested from TSFF	$0.00	$0.00	$0.00
Total salaries	$0.00	$0.00	$0.00
Total benefits	$0.00	$0.00	$0.00
Consultant and professional fees	$0.00	$0.00	$0.00
Occupancy expenses	$0.00	$0.00	$0.00
Supplies	$0.00	$0.00	$0.00
Equipment rental/maintenance	$0.00	$0.00	$0.00
Employee expenses including travel	$0.00	$0.00	$0.00
Conferences, conventions and meetings	$0.00	$0.00	$0.00
Outreach and promotion	$0.00	$0.00	$0.00
Printing and publications	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00

Description of Budget Other

If you used the Other category in the budget above, please provide a description of the line items included. (800 characters)

Organization Financial History

Please provide us with summary information about your organization's financial history. Please use the drop down to select the two most recent years ended. **Please complete only the Last year and Two Years Ago Columns.** Do not duplicate years in the header.

We recommend giving the linked Excel form to your accounting/bookkeeping professional to confirm/identify the numbers to input into the table below. Get Form

If your organization is Fiscally Sponsored please send the Excel Form to your fiscal agent to complete (with their financial data).

If your organization is part of a public entity (school or university department), please enter the fields possible that apply to your department (not the entire entity).

To watch the video for completing this section of the application please Click Here.

Organization Financial History

Fiscal Year	Three years ago	Two years ago	Last year
Fiscal Year	Fiscal year 2009	Fiscal year 2010	Fiscal year 2011
Total Revenue	$0.00	$0.00	$0.00
Total Expenses	$0.00	$0.00	$0.00
Cash and Equivalents	$0.00	$0.00	$0.00
Total Current Assets	$0.00	$0.00	$0.00
Total Fixed Assets (land, buildings)	$0.00	$0.00	$0.00
Total Assets	$0.00	$0.00	$0.00
Accounts Payable	$0.00	$0.00	$0.00
Current Libilities	$0.00	$0.00	$0.00
Secured Mortgages/Notes Payable	$0.00	$0.00	$0.00
Total Liabilities	$0.00	$0.00	$0.00
Unrestricted Net Assets	$0.00	$0.00	$0.00

Financial History Comments

Please provide us with summary information about your organization's financial history based on the Excel Form Calculations from above.

Row on the Form	When to provide a comment
Current Ratio	Less than 2 please provide comment
Quick Ratio	Less than 1
Reserve Ration	1 or Less
Surplus/Deficit	If there is deficit in either column please provide a comment
Change in Revenue	More than 10% variance (up or down) should be explained
Change in Expenses	More than 10% variance (up or down) should be explained
% TSFF is of Total Org Budget	More than 10% variance (up or down) should be explained
Change in this year's budget from last year's expenses	More than 10% variance (up or down) should be explained
Change in this year's budget from last year Revenue	More than 10% variance (up or down) should be explained

(2,200 characters)

You can copy and paste directly from the *Comments Column* in the Excel Form. To watch a video tutorial on the calculations and comments portion of the form please Click Here.

Fundraising Plan

The fundraising plan should give a sense of how the organization expects to ensure that the project and/or organization will have the resources necessary to succeed. Please briefly outline your plan to sustain your efforts over the next one to three years. *(2,200 characters)*

Organization Personnel

The number of staff in this section should correspond to the salary expense indicated in the expense budget.

Full time personnel: enter the number of full time staff.

Part-time personnel: enter the full time equivalent for all part time personnel. For example, if you have 20 staff that work half time, enter 10.

Please enter whole numbers and do not use any formatting.

Organization Personnel

Category	Organization FTE	Project FTE
Number of full-time personnel	0	0
Number of full-time equivalent of part-time personnel	0	0
Total	0	0

Geographic Scope

The San Francisco Foundation is interested in the area you are serving. We are looking for information specifically in detail around neighborhood services. If your project/organization is targeting a specific neighborhood/neighborhoods, please indicate this in the fields below.

Please select the most relevant geographic level that pertains to your organization. Multiple levels may be selected.

Geo Level

Geo Level	Geo Area

Income

Please complete the chart below to indicate the income levels your organization targets and the approximate percentage.

For information regarding Bay Area Income Levels please visit: 2011 Bay Area Income Levels

Income

Category	%
Poverty	0.00
Low Income	0.00
Moderate Income	0.00
Middle Income	0.00
Mixed Incomes	0.00
Undetermined	0.00
Total	0.00

Target Population

Please use this section if you would like to share any additional information regarding the population you serve. *(1,045 characters)*

Age Served

Please provide the age range of the persons your organization serves (select all that apply):

Age Served Project

Age

Special Populations

Please complete the table below to indicate if your project plans to target any Special Populations. Please do not exceed 100%. If your populations overlap, please use the Target Population question to clarify.

Special Populations	
Category	**%**
Lesbian/Gay/Bisexual	0.00
Transgender	0.00
Disabled	0.00
Immigrants	0.00
Foster youth	0.00
Homeless	0.00
Incarcerated	0.00
Ex-Offenders	0.00
Environmentally at-risk	0.00
Early School Leavers	0.00
Unemployed	0.00
Total	0.00

Diversity

Please complete the fields below identifying the diversity information for your organization. **Please enter numeric values only, do not use commas.**
Please note: we are requesting estimates of the following:

- People served Org: the estimated number of people served by your organization per category
- People served Proj: the estimated number of people you plan to serve with the proposed project per category
- People on Staff: the estimated number of people on your staff per category
- People on Board: the estimated number of people on your board per category

For information regarding Bay Area Census data please visit: Bay Area Census page

Please use whole numbers and do not use any formatting!

Diversity				
Category	**People Served Org**	**People Served Proj**	**People on Staff**	**People on Board**
African American	0	0	0	0
Asian	0	0	0	0
Hispanic/Latino	0	0	0	0
Other Ethnic Minority	0	0	0	0
Native American	0	0	0	0
Pacific Islander	0	0	0	0
Multi-Ethnic Minority	0	0	0	0
Undetermined	0	0	0	0
White (Non Hispanic)	0	0	0	0
Total	0	0	0	0

Partners and Funders

Please provide a list of your top two government funders (if applicable), top two private funders and any significant community partners. Please include the following:

Organization Name - Contact Name - Contact Email - Funded Amount

Organization Name - Contact Name - Contact Email - Funded Amount

Save and View | Save and Continue >

If you have any questions about using Grantee Center, please begin by reviewing our Help section. If you have additional questions about Grantee Center or your applications or grants, please contact Grants Management at 415.733.8500 or grantsmanagement@sff.org.