

2022 Healthy Children and Families Grant Program

Applicant Information

Tax-Exempt Status

Is your organization a nonprofit with 501(c)(3) public charity (or equivalent) tax-exempt status (or eligible fiscal sponsor)?

Tax ID (EIN) Number

(This number will be used to confirm that your organization is a nonprofit with 501(c)(3) public charity status. Only nonprofit organizations with 501(c)(3) public charity (or equivalent) tax-exempt status (or eligible fiscal sponsor) are eligible to apply for this grant.) If you do not have an EIN number then please insert N/A and input the information under Fiscal Sponsor.

Organization Information

Organization Name

Address

City

State

Zip

Phone Number

Website

Fiscal Sponsor

Does your organization have a fiscal sponsor?

Fiscal Sponsor Information (if applicable) If your organization has a fiscal sponsor, please complete this section.

Fiscal Sponsor Organization Name

Fiscal Sponsor Contact Name

Fiscal Sponsor Contact Email

Address

City

State

Zip

Phone Number

Tax ID (EIN) number

Key Program Contact

Prefix

First Name

Last Name

Title

Email

Phone Number

Media/Communications Contact

Prefix

First Name

Last Name

Title

Email

Phone Number

CEO or Executive Director

Prefix

First Name

Last Name

Title

Email

Phone Number

Authorized Signatory: Is the CEO or Executive Director your organization's Authorized Nonprofit Signatory? (In most cases, the Authorized Nonprofit Signatory is the organization's CEO or Executive Director.)

Authorized Signatory

If your organization has a different authorized nonprofit signatory, please complete this section.

Prefix



First Name

Last Name

Title

Email

Phone Number

Program Information

Program/Project Name *

Total Amount (\$) Requested for the Program/Project (up to \$30,000) *

Quick Pitch

Please provide a succinct explanation of your proposal's approach, purpose and key activities in no more than two sentences.

Region (Select all that apply) *This question is required.*

- All of San Diego County
- Central San Diego County
- East San Diego County
- North San Diego County
- South San Diego County

Program Overview

Please provide a summary of the proposed program/project. *

Program Alignment

Please describe how your program/project will address the goal of the grant as stated in the Grant Guidelines. **(This grant supports projects and programs providing mental, behavioral and related supportive services to children of all ages and their families, utilizing culturally responsive and trauma-informed practices.)** *

Lead Strategy

Please select the lead strategy that your project will incorporate. (See Grant Guidelines for more information). *

Summary of Expected Outcomes

Please summarize your expected outcomes in bulleted form of no more than 3-6 points. Please use the SMART framework: Specific, Measurable, Achievable, Relevant and Time-Specific. (These objectives will form the basis of the grant agreement and grant reporting. Outcomes should be clear enough that you can report on progress towards these quantitative metrics. This section does not need any rationale, simply your outcomes.) *

Click here (<https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>) to view SMART Framework

Project Timeline

Describe your approach to implementing the project within the 12-month grant period by providing a list of key milestones with estimated dates that will help you achieve program goals. Feel free to use a list or bullet points to create your timeline. (We recognize that you may not know all the specifics of a proposed program - this is an opportunity to share your thinking, planning and important steps toward a goal. Dates can be specific to the quarter or month - exact dates are not necessary.)

Population Served

Please describe in detail the population served by this program/project. Proposals should serve children of all ages and/or their parents, guardians or caregivers.

Anticipated Number of Individuals Served:

Community Focus

How does this proposed program/project work to support low-to-moderate-income communities and/or populations experiencing inequities or negative social determinants of health?

Organizational Strength, Leadership and Diversity

Organization Mission Statement

List your organization's mission and/or vision statement.

Organizational Strength, Capacity and Past Performance
Please describe your organization's strengths and how your organization has accomplished relevant work in the past.

Organization Key Personnel

List key personnel (name, title, organization) associated within the organization, and define their role and responsibilities in one brief statement per individual.

Diversity, Equity and Inclusion

How does the leadership of your organization, including key staff implementing this program, reflect the community or constituency you are serving? Please share insights into any diversity, equity, and inclusion efforts your organization is taking.

Supplemental Questions (Optional)

These questions are optional and will not be included in any decision-making during the review of your application.

Recognizing the valuable knowledge and insight service providers gain from their work, The San Diego Foundation continuously strives to learn from our grantees.

What are the three most critical issues impacting your sector?

What are three top opportunities you see for your organization to expand your work and impact?

Commitment to Trauma-Informed Care

The San Diego Foundation would like to share the Trauma-Informed Care Code of Conduct (<https://www.sdfoundation.org/wp-content/uploads/2020/03/Trauma-Informed-Care-Code-of-Conduct.pdf>) with you and your organization. We encourage your consideration of the principles outlined in the Trauma-Informed Care Code of Conduct.

Do you agree to consider the adoption of the principles outlined in the Trauma-Informed Code of Conduct?

Permission to Share Application

Do you give permission to The San Diego Foundation to share details of your application with other philanthropists?

Additional Guidance

Please keep in mind that the Healthy Children and Families Review Committee will be considering the degree to which each proposal fulfills the following statements in their final decisions:

- This organization meets all eligibility requirements.
- This project aligns with the goal of the grant program and a supporting strategy. This project represents a strategic approach and a strong likelihood of successful implementation.
- This project serves low-to-moderate-income populations and/or populations experiencing negative social determinants of health.
- This project is focused on outcomes and positive impact on the community served.
- This project is achievable given the timeline, capacity, and key personnel.

Please keep in mind that The San Diego Foundation frequently receives more applications for funding than it is able to support within a grant cycle.

If you have any questions, please email communityimpact@sdfoundation.org (<mailto:communityImpact@sdfoundation.org>)

PREVIEW