2023 Early Childhood Initiative

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 [   ] *

<u>**Media/Communications Contact**</u>

Prefix [   ] *

First Name [   ] *

Last Name [   ] *

Title [   ] *

Email [   ] *

Phone Number [   ] *

<u>**CEO or Executive Director**</u>

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 [   ]*

Quick Pitch
Please provide a succinct explanation of your proposal's approach and purpose in no more than two sentences. (1-2 sentence description of your program/project.) [   ]*

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**

Anticipated Number of Individuals Served: [   ]*

Population Served
Please describe in detail the population served by this program/project. Please include: Does this program directly serve young children (0-5)? Does this program indirectly support young children (0-5) through direct service to their parents, caregivers and/or immediate families?
[   ]*

Community Focus
How does this proposed program/project work to expand care for low-to-moderate income communities and/or populations experiencing inequities or negative social determinants of health? [   ]*

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. (The ECI grant aims to support non-profit organizations implementing strategic efforts to build the region's resilience by increasing equitable access to educational opportunity and supportive services for young children and their caretakers.)
[   ]*

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

Strategy Alignment
Please describe how your program/project will address the lead strategy you selected above.
[   ]*

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, Assignable, Results-focused and Time-Specific. Click here for an example of a SMART framework. (https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf) (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.)

[_____]*

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.)
[_____]*

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.
[_____]*

Partners
Select one that best describes the application type: [_____]*

Partnerships are not required for applications applying as an individual organization, however if you would like to provide information about relevant community partnerships that work with your organization and/or would support this program/project, please insert here.
[_____]*

UNFUNDED PARTNERSHIP
Partnerships are not required, but for organizations applying as a part of an unfunded partnership, please provide the following:

If your organization plans to work with key partners that will not receive funding through this proposal, please list key partner organizations, the nature of the partnership, experience working together, and how the partnership provides additional impact   [_____]*

FUNDED PARTNERSHIP
Partnerships are not required, but for organizations applying as a part of the funded partnership, please provide the following:

How many funded partners do you have? (You may include up to two additional funded partners.)   [_____]*

Funded Partner 1
Organization Name   [_____]*

EIN _____ *

Address _____ *

City _____ *

State _____ *

Zip _____ *

Website _____ *

Funded Partner 1 Contact (Executive Director or Key Program Contact)

Prefix _____ *

First Name _____ *

Last Name _____ *

Title _____ *

Email _____ *

Phone Number _____ *

Funded Partner 1 Description
Please describe the nature of the partnership, experience working together and how the partnership provides additional impact.
_____ *
Upload Letter of Support
For funded partners, proposals must include brief letters of support from all partners that would receive funding as a part of this grant. Please combine any relevant letters into ONE PDF document and upload the document here.

Maximum File Size: 20MB. Accepted file types: pdf _____ *

Funded Partner 2
Organization Name _____ *

EIN _____ *

Address _____ *

City _____ *

State _____ *

Zip _____ *

Website _____ *

Funded Partner 2 Contact (Executive Director or Key Program Contact)

Prefix _____ *

First Name _____ *

Last Name _____ *

Title   [   ]*

Email   [   ]*

Phone Number   [   ]*

Funded Partner 2 Description
Please describe the nature of the partnership, experience   [   ]*
working together and how the partnership provides
additional impact.

Upload Letter of Support
For funded partners, proposals must include brief letters of
support from all partners that would receive funding as a
part of this grant. Please combine any relevant letters into
ONE PDF document and upload the document here.   Maximum File Size: 20MB. Accepted file types: pdf

[   ]*

Proposal Budget & Financials

For applications by an individual organization, the application maximum is $75,000.

For applications that identify a lead organization and unfunded supporting partners, the application maximum is $75,000.

For applications that identify multiple funded partners, the maximum award total is $100,000 between all funded partners, with the lead organization receiving no more than $75,000.

Please refer to the Grant Guidelines for additional information.

Total program/project grant amount requested   [   ]*
from The Foundation.

Total program budget (including outside   [   ]*
resources).
  Please use the chart below to break out the amount requested for your organization, and for each of your funded partners.
If you are applying as an individual organization or as an unfunded partnership, please write "N/A" in the funded partner boxes.
If you only have one funded partner, please write "N/A" in the boxes for funded partner 2.

	Name	**Amount Requested**
Lead Organization	*	*
Funded Partner 1	*	*
Funded Partner 2	*	*

Budget Upload

Please upload a PDF or Excel version of the budget using the following format and is named as follows: Your Organization Name – budget.pdf (i.e., San Diego Foundation - budget.pdf)

Click here for the link to the Budget Template and Example Budget. Please mirror this format when submitting your budget.

Additional Considerations

- Please detail anticipated revenue and anticipated costs.

- If you have a fiscal sponsor, please clearly identify any relevant costs.

- If you are applying as part of funded partnership, please clearly identify costs for each funded partner.

- Be sure to clearly identify any capital expenses (i.e., funding spent to buy, maintain or improve fixed assets such as buildings, vehicles, equipment or land).

Upload Budget (Accepted file types: xlsx or pdf) [_____]*

Upload Most Recent 990 (Accepted file types: pdf) [_____]*

Additional Budget Comments
Please add any additional comments you would like to share regarding your proposal's budget.
[_____]

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, 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
San Diego Foundation would like to share the Trauma-Informed Care Code of Conduct (https://www.sdfoundation.org/wp-content/uploads/2022/10/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 San Diego Foundation to share details of your application with other philanthropists?

[_____]

Additional Guidance

Please keep in mind that the Early Childhood Initiative 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 a low-to-moderate income population and/or populations experiencing negative social determinants of health.

- This project supports young children, 0-5 years old.

- This project is outcomes-focused and will have a lasting and positive impact on the community served.

- This project is achievable given the timeline, budget, and key personnel.

Please keep in mind that 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