Community Health Funder Alliance

ANCHORUM™ St Vincent   CHRISTUS ST. VINCENT   SANTA FE COMMUNITY FOUNDATION

Community Health Funder Alliance
2022 Community Grant Application Questions

This is not the actual grant application, just a list of questions from the online version.

Please use this document to familiarize yourself with the questions you will be asked in the online version of the grant application. Although it isn't necessary, you may also use this document to prepare answers ahead of time to cut and paste them directly into the fields provided online.

Your answers will populate our database records, so please use proper capitalization and punctuation. All fields are required unless otherwise indicated.

Word/character limits: Word/character limitations on response fields HAVE NOT been added to the online form. ***Given the size and type of grant, we recommend limiting narrative responses to short descriptions wherever possible.***

Form Contents

The Form contains the following sections:

1. GIVING TOGETHER Summary
2. Request Information
3. Outcome Area
4. Core Questions
5. Performance Management
6. Financials Audited, Financial & IRS Attachments
7. Nonprofit Disclosure Statement & Certification

Basic Organization & Contact Information

1. Organization Name: [60 characters]
2. Federal Tax ID (EIN#): [10 characters]
3. Founding year of your organization (not your fiscal sponsor, if you have one): [10 characters]
4. Mission
5. Website Address:
6. Mailing Address:

7. Head of Organization:
   Name
   Title:
   Email Address:
   Phone Number:
8. Primary Contact for the Program/Project the Grant Will Support:
   (Note: to be included in all grant-related communications including reporting)
   Name
   Title:
   Email Address:
   Phone Number:
9. Board Chair:
   Name
   Title:
   Email Address:
   Phone Number:

IF USING A FISCAL SPONSOR/AGENT, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SPONSOR ORGANIZATION

10. Sponsor's Organization Name: [60 characters]
11. Sponsor's Federal Tax ID (EIN#): [10 characters]
12. Fiscal Sponsor Head of Organization:
    Name/Title: [60 characters]
13. Contact Information
    Email Address: [50 characters]
    Phone Number: [25 characters]

14. Fiscal Sponsor Point of Contact:
    Name/Title: [60 characters]
15. Contact Information
    Email Address: [50 characters]
    Phone Number: [25 characters]

Additional Organization Information:

16. For the following four questions, please provide your organization's or your fiscal sponsor's:

170 type – This information is found in the header of an IRS tax exempt letter. Entities can obtain a copy of their tax exempt letter at https://apps.irs.gov/app/eos/

509(a) type – See this article: https://www.nonprofitissues.com/to-the-point/whats-difference-between-501c3-and-509a1

NM State Tax ID (CRS#) - Non-profit organizations must register if they are doing business in New Mexico unless an exempt entity has no tax liabilities then they are not required. If you are unsure, you can email crs.taxreturnhelp@state.nm.us if you have specific questions about the need to register or not.

• https://www.tax.newmexico.gov/businesses/who-must-register-a-business/ If you do not need to register, you can leave blank or you add "N/A".

17. **Board and Staff Diversity** - Please provide updated racial/ethnic demographic of your organization (**this is the number**, not a percentage, of board members or staff that are applicable to each category) (IF USING A FISCAL SPONSOR/AGENT, <u>PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR PROGRAM/INITIATIVE</u>, NOT THE FISCAL SPONSOR ORGANIZATION).

	Board Members	ED/CEO	Staff	Total
White, non-Hispanic/Latino	0	0	0	0
Black, non-Hispanic/Latino	0	0	0	0
Hispanic/Latino	0	0	0	0
American Indian/Alaskan Native	0	0	0	0
Asian	0	0	0	0
Native Hawaiian or other Pacific Islander	0	0	0	0
Two or more races	0	0	0	0
Total	0	0	0	0

Comments: [optional]

18. **Service Area** - Please verify the New Mexico counties your organization serves. (select all that apply)
    ☐ Colfax
    ☐ Los Alamos
    ☐ Mora
    ☐ Rio Arriba
    ☐ San Miguel
    ☐ Santa Fe
    ☐ Taos
    ☐ All the above
    ☐ Statewide

GIVING TOGETHER SUMMARY

The information you provide below will be included in Santa Fe Community Foundation's Giving Together catalogue which is mailed out to all SFCF's fundholders. Your Giving Together summary does not need to reflect the same request as your competitive grant proposal.

19. Mission Statement (500 characters)

20. Provide a 1-2 sentence summary of your grant request (not your mission statement) that we can include in our Giving Together Catalogue. (500 characters)

21. Please provide a statistic about the need your organization is trying to address (500 max. characters):

Request Information

To provide flexibility to nonprofits, CHFA provides general operating support. These grant amounts are calculated based on your **organization's annual operating budget**. Please refer to the following table to determine the grant size you may apply for.

Annual Budget for Organizations:	Grant Request Amount:
$150,000 and below	$5,000
$150,000 - $500,000	$10,000
Above $500,000	$15,000

22. Total annual organizational budget [15 characters]:

23. Grant amount requested [drop down] ($5,000, 10,000 or 15,000 only)

Outcome Area

24. Please select an **Outcome Area** that is most relevant to your work or organization. Note: Note: While we ask that you **choose one**, we recognize that many organizations and projects address complex and intersecting issues.

     Maternal Health & Early Childhood
     Behavioral Health – Children and Adolescent Health
     Behavioral Health - Adult
     Physical Health - Adult
     Women's Health
     Senior Health and Wellness
     Social Determinants of Health – Housing and Homelessness
     Social Determinants of Health Across the Life Span – Please select from the following:
Healthy Neighborhoods, Food Security
     Other - Please select from the following: Advocacy, Media, Legal Services

Core Questions

25. **Planned Work/Planned Activities** - Describe specific programs or work you do related to the outcome area you selected.

26. **People You Serve** - Who are the people or target population most affected by the issue you are trying to address (i.e., subpopulation, neighborhood, geography, etc.)?

27. **Key Partners** - Who are your key partners and what role do they play in your strategies, programs, or services?

28. **Equity** - If your organization/project is presently engaged in any equity practices, trainings, or programs, please describe. Feel free to share what has worked and any challenges you face.

29. **Major Changes** - Has your organization experienced any major changes previous 6 months , including changes at the board or leadership level and/or key program staff?

Performance Management and Results-based Accountability

Results Based Accountability (RBA) is a method used by the CHFA and increasingly adopted in this community, to plan and assess progress towards improving outcomes. Key performance measures help track that progress.

To learn more about RBA, please visit: https://communityhealthfunder.org/wpcontent/uploads/2020/03/CHFA-RBA-Resource-Sheet-v2.pdf

Given the size and type of grant, we will no longer gather detailed performance management information. If awarded, you will be asked to report on the number of people served during the grant period.

30. People served
    a. How many people were served by the organization or project over the last 12 months?
    b. How many people do you plan to serve in the next 12 months?

FINANCIALS AUDITED, FINANCIAL & IRS ATTACHMENTS

31. Are your annual financial statements audited, and if so by whom? [60 characters]
Note: We may ask for additional information prior to a site visit or a grant decision, if we feel it is necessary.

Please include as attachments:

* 501(c)3 letter of determination from the IRS (either applicant's or fiscal sponsor's)
* Budget for the current fiscal year
* Most recent Balance Sheet
* Most recent Profit & Loss statement
* Board Roster

32. If you do not have any of the financial documents listed above, please explain why. [500 characters]

Nonprofit Disclosure Statement & Certification

Nonprofit Disclosure Statement

33. I verify that our organization is in current compliance regarding the following:

    IRS Form 990 Filings

    Yes ☐

    No ☐

    IRS 501(c)3 status

    Yes ☐

    No ☐

    NM State tax filings, including Secretary of State and NM Attorney General (if required)

    Yes ☐

    No ☐

    Not Required ☐

    IRS tax requirements (payroll taxes, unrelated business income, etc.)

    Yes ☐

    No ☐

    Please explain any "no's":

34. Please check below and add signature to certify the correctness of the information provided:

    ☐ I assert that all information included in this application is true and correct to the best of my knowledge.

    Name of Person with DELEGATED AUTHORITY to submit applications on behalf of the applying organization:

    Title of Person Submitting application:

    Date: