*Please note: This application is provided as an example to assist nonprofits in preparing information for the online application and its content is subject to change. The online application is at <http://bit.ly/nofaspi>.*

**Nonprofit Resiliency Fund Application**

**NOTICE OF FUNDING AVAILABILITY: Strategic Partnership Implementation**

**Application Deadline: Thursday, November 1st at 7:00pm.**

The goal of this program area is to maintain continuity of nonprofit services and resources or extend impact by assisting San Francisco-based nonprofits with the implementation of strategic partnerships.

For complete details about the Fund's guiding principles and eligibility requirements, including a draft of questions in this application, please visit the Nonprofit Resiliency Fund page of the Office of Economic and Workforce Development’s (OEWD) website at <http://oewd.org/nonprofit-resiliency-fund>.

Applications must be submitted online. Hard copy, postal mail, and faxed applications will not be accepted. In fairness to others, we cannot accept late or incomplete applications. An application may be deemed incomplete and ineligible if the individual does not provide the complete set of information in the appropriate format by the deadline. No deadline extensions will be granted.

For technical assistance with this application, email oewd.procurement@sfgov.org. Please submit early to account for technical difficulties or questions.

**APPLICATION LEAD (Point of Contact)**

**Contact Person:** Enter the name of the person responsible for executing the grant and communicating with the Office of Economic and Workforce Development

**First Name/Last Name:**

**Contact Person Title:**

**Day Phone:** Enter the contact number(s) for the individual responsible for communicating with OEWD.

**Email:** Enter the contact email of the individual responsible for communicating with OEWD. Please ensure that this address is checked regularly since most communication from OEWD is via email.

**APPLICANT INFORMATION**

**Organization Name:** Enter the Applicant Organization’s legal name as registered with the Secretary of State, or name the organization uses for business purposes.

**Address:** Enter the physical corporate address of the organization applying for the grant. Post Office Box addresses will not be accepted.

(Street / City / State / Zip)

**Tax ID/EIN:**

**Website:** Enter the organization’s website.

**Supervisorial District:** Choose the district number that most closely reflects where the Applicant’s administrative operations are based. District numbers can be found at: [propertymap.sfplanning.org](http://propertymap.sfplanning.org).

**Current Fiscal Year Estimated Revenue:**

**Current Fiscal Year Estimated Expense:**

**Executive Director:** Enter the name of the Executive Director or CEO. If position is vacant please enter the name of the lead individual fulfilling these responsibilities.

**Phone:** Enter the contact number for the Executive Director or CEO.

**Email:** Enter the email address of the Executive Director or CEO.

**PROPOSED PARTNER(S) INFORMATION**

**Organization Name:** Enter the Proposed Partner’s legal name as registered with the Secretary of State, or name the organization uses for business purposes.

**Corporate Address:** Enter the physical corporate address of the Proposed Partner. Post Office Box addresses will not be accepted.

(street / city / state / zip)

**IRS Tax ID:**

**Primary Contact Person for Applicant:**

**Title:**

**Phone:**

**Email:**

**Website:** Enter the organization’s website.

**Partner Supervisorial District:** Choose the district number that most closely reflects where the Proposed Partner’s administrative operations are based. District numbers can be found at: [propertymap.sfplanning.org](http://propertymap.sfplanning.org). If based outside the City, enter 0.

**Current Fiscal Year Estimated Revenue:**

**Current Fiscal Year Estimated Expense:**

**If there is more than one Partner, please enter the information for the other potential partners:**

**[text box: 250 words]**

**IMPLEMENTATION LEAD**

**Please provide the name, title and affiliation of the person(s) identified to lead partnership implementation:**

**[Name]/[Title]/[Affiliation]**

**How was this person or organization selected? [text box: 100 words]**

**PROJECT DESIGN, FEASIBILITY, IMPACT**

**Executive Summary:** One line of text describing the proposed strategic partnership implementation project. [25 words]

**Describe the scope of the strategic partnership including the agreed-upon implementation steps**. [limit: 250 words]

**How will this project contribute to maintaining and/or improving your organization’s financial well-being? What analysis has led you to this conclusion?** [text box: 100 words]

**What is the expected impact of the partnership on the clients, audiences or other beneficiaries of the Applicant and Partner(s)? What analysis has led you to this conclusion?** [text box: 100 words]

**How will the Applicant and Proposes Partner(s) assess the ongoing success of the strategic partnership?** [100 words]

**REQUIRED: Please follow the Supporting Materials guidelines (https://oewd.org/file/14918) to provide the projected post-implementation budget of the Applicant or the newly-formed entity. A Budget Template is available at https://oewd.org/file/14906.**

**IMPLEMENTATION BUDGET**

**REQUIRED: Please follow the Supporting Materials guidelines (https://oewd.org/file/14918) to submit an overall project budget for the implementation of the strategic partnership, detailing revenue and expenses. You may use your own format, or the provided budget template:** [**https://oewd.org/file/14906**](https://oewd.org/file/14906)

All costs can be included in the budget but Resiliency Fund grants may not be used for fees paid to board members or ongoing programmatic, operational or capital costs of the Applicant or Partner(s), including staff costs paid to employees or to independent consultants serving in the role of employees.

For each one-time cost for which you are seeking funding, attach a related quote/scope of work from the provider that includes:

-A description of the work to be done or services to be provided  
-A project timeline or timeframe with benchmarks  
-A budget/fee  
-Information on the person(s) delivering the work including name, title, affiliation and relevant expertise

**APPLICANT BOARD**

**Please use the template and follow the Supporting Materials guidelines (**[**https://oewd.org/file/14918**](https://oewd.org/file/14918)**) to submit a list of the Applicant’s board members’ names and relevant experience or affiliations:** <https://oewd.org/file/14910>

**Please follow the Supporting Materials guidelines at the end of this application to attach evidence of the board’s action (e.g., the resolution or board minutes).** IMPORTANT: Your grant application will not be considered without written evidence of the Applicant’s board’s support of implementation.

**Please summarize the Applicant board’s work on the strategic partnership so far. Include the general timeframe, milestones reached, and any work done to align missions and strategies.** [200 words]

**PROPOSED PARTNER(S) BOARD**

**Please use the template and follow the Supporting Materials guidelines (**[**https://oewd.org/file/14918**](https://oewd.org/file/14918)**) to submit a list of the Proposed Partner(s) board members’ names and relevant experience or affiliations**: <https://oewd.org/file/14910>

**Please summarize the Proposed Partner(s) board’s work on the strategic partnership so far. Include the general timeframe, milestones reached, and any work done to align missions and strategies.** [200 words]

**Please follow the Supporting Materials guidelines at the end of this application to attach evidence of the board’s action (e.g., the resolution or board minutes).** Your grant application will not be considered without written evidence of the Proposed Partner(s) board’s support of implementation.

**Please summarize the Proposed Partner(s) board’s work on the strategic partnership so far. Include the general timeframe, milestones reached, and any work done to align missions and strategies.** [200 words]

**FINANCES**

**Please follow the Supporting Materials guidelines (**[**https://oewd.org/file/14918**](https://oewd.org/file/14918)**) to include the Applicant’s and Proposed Partner(s)’ organizational budgets for the current year. For the Applicant also include the most recently completed prior fiscal year budget. For the last completed fiscal year, the Applicant’s budget should include a report of actual income/expenses.**

**Have the applicant and the Proposed Partner(s) identified or set aside any funds or other resources for the proposed strategic partnership? If so, please describe the source and amount of funds.** [100 words]

**MINIMUM QUALIFICATIONS**

**Describe the Applicant's history of serving low-income and historically underserved populations in the City and County of San Francisco for at least the past three years, including when the Applicant began providing services and resources and any periods of non-operation.** [Limit: 100 words]

**Please follow the Supporting Materials guidelines (**[**https://oewd.org/file/14918**](https://oewd.org/file/14918)**) to attach evidence of good standing with the IRS.**

**Do the partners have a formal written plan detailing the scope of the strategic partnership with clear implementation steps and a post-implementation budget?**

Yes/No

**Is there a written plan for evaluating the success of the partnership that has been reviewed and agreed upon by each organization?**

Yes/No

**SUPPORTING MATERIALS**

Applicants must submit all required attachments to oewd.procurement@sfgov.org no later than November 1, 2018 at 7:00pm, with the headline [Organization Name] Resiliency Fund Supporting Materials. A checklist of the required supporting materials is at: <https://oewd.org/file/14918>.

Please send early to account for any technical questions or difficulties. Late or incomplete submissions will not be accepted.