*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* <https://www.tfaforms.com/4765770>*.*

**Nonprofit Resiliency Fund Application**

**NOTICE OF FUNDING AVAILABILITY: Leveraging Leadership Transitions**

**Application Deadline: Friday, November 1st at 12:00pm.**

This grant opportunity is intended to maintain continuity of nonprofit services and resources and promote resiliency by assisting San Francisco-based nonprofits with the one-time costs of leadership transitions.

For complete details about the Fund's guiding principles and eligibility requirements, 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. ***We strongly advise applicants to review the above website and prepare written responses and supporting materials prior to beginning this application. While the application is not time-limited, OEWD will not extend the application deadline in the event that an applicant encounters a technical issue with the online form. Applicants should paste their completed answers into the online application when they are ready to submit.***

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.

For technical assistance with this application, email [oewd.procurement@sfgov.org](https://app.formassembly.com/dist/). A supporting materials checklist and guidelines is available at [oewd.org/file/14918](https://oewd.org/file/14918). Please submit early to account for technical difficulties or questions.

**MINIMUM QUALIFICATIONS AND ELIGIBILITY**

**Does your organization have a separate, pre-existing award recommendation, contract or sub-contract with OEWD in the City’s current fiscal year (i.e., fiscal yar 2019-20 ending June 30, 2020) to provide workforce or economic development services or resources?**

**Yes / No**

**Is your organization currently without a permanent executive director, or has your organization hired an executive director on or after November 1, 2018?**

**Yes / No**

Please upload evidence of a qualifying leadership transition as a word doc or pdf, e.g. a signed letter of separation or hiring agreement that includes the date of the qualifying event.

**File Upload:** Evidence of active leadership transition

**Is the organization or fiscal sponsor tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code?

Yes / No**

Proof of IRS good standing: [Visit IRS Tax-Exempt Organization Search](https://apps.irs.gov/app/eos/pub78Search.do). Select database "Pub 78 Data". Search for the applicant organization EIN number of organization name. Select the correct organization. Save a PDF of the screen titled "Publication 78 Data" that shows your organization listed and upload.

**File Upload:** Proof of IRS good standing

**Does the proposed project take place between February 1, 2020 and December 31, 2020?**

**Yes / No**

**Is the organization willing and able to meet the requirements associated with receiving funds from the City and County of San Francisco?**

**Yes / No**

**CONTACT PERSON**

Enter the name of the person responsible for executing the grant and communicating with the Office of Economic and Workforce Development. This person may delegate responsibility to others but is the primary point of contact and accountable for a working knowledge of all decisions.

**First Name/Last Name:**

**Contact Person Title:**

**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.

**ORGANIZATION 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.

**Tax ID/EIN:** Please list the 9-digit number with no dashes or other symbols. Fiscally sponsored applicants should enter the EIN of their fiscal sponsor.

**Current Fiscal Year Estimated Revenue:**

**Current Fiscal Year Estimated Expense:**

**Fiscal Sponsor:** If the Applicant is a fiscally sponsored Organization, enter the legal name of the Fiscal Sponsor.

**Fiscal sponsor contact person:**

**Fiscal sponsor address / city / state / zip:**

**Fiscal sponsor’s Supervisorial District:**

Choose the district number that most closely reflects where the fiscal sponsor's core administrative operations are based. District numbers can be found at <https://sfplanninggis.org/pim>

**Fiscal sponsor’s email:**

**Fiscal sponsor’s phone:**

**Organization 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)

**Supervisorial District:** Choose the district number that most closely reflects where the Applicant’s core administrative operations are based. District numbers can be found at: <https://sfplanninggis.org/pim>.

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

[First Name]/[Last Name]/[Title]

**Phone:**

**Email:**

**BOARD OF DIRECTORS**

Please use the template provided at [oewd.org/file/14910](https://oewd.org/file/14910) to submit a list of the Applicant’s board members. If the organization is a fiscally sponsored project with no formal board, you may use the template to include a list of advisors.

**File Upload:** Board of directors

**PROJECT GOALS AND PROVIDER QUALIFICATIONS (30 points)**

**Executive Summary:** One line of text describing the proposed leadership transition project [25 words]

**Project Goals and Provider Qualifications:** Describe the scope of the project, including how it is directly related to the leadership transition. The applicant should provide a description of staff and board roles in the project. If a coach, search firm, interim executive director or other service provider has been identified, applicant should establish the experience, qualifications and track record of the provider/s. [250 words]

**Supporting Documentation:** Provider Qualifications & Scope/s of Work
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 should upload the quotes, scopes of work and provider qualifications as one attachment.

**File Upload:** Provider qualifications and scopes of work

**ACTIVITIES, DELIVERABLES AND TIMELINE (40 points)**

**Activities, Deliverables and Timeline:** This section should outline a plan of action that describes in sufficient detail the activities, deliverables and timeline of the project and how the proposed work will be accomplished. The plan should address all activities for which applicants seek funds. If other organizational effectiveness efforts are underway, describe how the proposed project will leverage past efforts, and how staff time and workload will be managed. Applicant should cite any unique or unusual features of the project. [250 words]

**Project Outcomes – Financial:** 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]

**Project Outcomes – Mission**: What is the expected impact of the partnership on the clients, audiences or other beneficiaries of the organization? What analysis has led you to this conclusion? [text box: 100 words]

**PERFORMANCE MANAGEMENT AND REPORTING (15 points)**

**Performance Management and Reporting**: Describe how project activities and outcomes will be collected and reported. Describe how you will determine whether the project has achieved its goals and how the organization will monitor the project as it is happening. [150 words]

**Does your organizations have any capacity projects currently underway or have you completed organizational effectiveness projects within the past 12 months?** (y/n)

(If no, skip to next question. If yes …)

**Please summarize your work on organizational effectiveness projects over the past 12 months.** Include the general timeframe, milestones reached, and any work done to align missions and strategies. If this work was supported by a funder, please include the name of the funder and an estimate of the financial support received. [200 words]

**FINANCIAL MANAGEMENT AND BUDGET (15 points)**

**Grant Request:** Applicants may propose eligible expenses of at least $10,000 and up to $25,000 for leadership transition support.

**Please provide a brief narrative detailing the financial management of the organization.** [100 words]

**Project Budget:** please follow the Supporting Materials guidelines (<https://oewd.org/file/14914>) to submit a budget for your leadership transition-related project, detailing revenue and expenses using the provided template: <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, capital costs, or ongoing programmatic and operational costs of the Applicant, including staff costs paid to employees or to independent consultants serving in the role of employees. This project does not require a match, however, it is understood that organizations invest staff time and other resources into capacity projects. Applicants are encouraged to reflect these costs in the overall budget as they are relevant to the selection criteria.

**File Upload:** Project budget

**Organization Budget:** Please upload the Applicant’s budget for the current year and the most recently completed prior fiscal year budget. The previous year’s budget should include a report of actual income/expenses.

**File Upload:** Current year organizational budget

**File Upload:** Previous year budget-to-actuals

**Has the Applicant received, identified or set aside any funds or other resources for the proposed leadership transition project**?

Yes / No

If so, please describe the source and amount of funds. [100 words]

**DEMOGRAPHIC SURVEY**

To better serve our communities and maintain our commitment to equity, OEWD is collecting demographic data about grant applicants. This demographic survey is a work in progress. We understand that criteria/categories might not be perfect, and appreciate any feedback to revise categories that may better resonate with our communities.

The following demographic questions refer to the beneficiaries of your organization – the participants, dlients, audience or other individuals who access services and resources.

**Projected Annual Beneficiaries**

Please list the number of primary and secondary beneficiaries. Primary beneficiaries receive the bulk of services or resources. Secondary beneficiaries receive minor services or are impacted through the ripple effect of the organization's work. (For example, a Counseling Agency's primary clients could be youth receiving counseling services and its secondary clients could be family members that receive minor support services. For a Capacity Building Agency, primary clients could include nonprofit staff & board members registered for workshops and secondary clients could be clients served through the nonprofits that are supported.)

Primary Secondary

Beneficiaries served:

A**re more than 50% of your beneficiaries people of color? And/or does your mission statement explicitly mention communities of color?**

YesNo

**If you answered “Yes” above, please select which communities of color make up 25% or more of your beneficiaries.** [picklist]

**Are more than 50% of your beneficiaries women? And/or does your mission statement explicitly mention women?** Answer "yes" if more than 50% of your beneficiaries are women.  And/or if your mission statement explicitly mentions women.

YesNo

**Are more than 50% of your beneficiaries trans and/or gender non-binary? And/or does your mission statement explicitly mention trans and/or gender non-binary communities?**

YesNo

**Are more than 50% of your beneficiaries LGBQ or two-spirit? And/or does your mission statement explicitly mention LGBQ or two-spirit communities?**

YesNo

**Are more than 50% of your beneficiaries people with disabilities? And/or does your mission statement explicitly mention the disability community?**

YesNo

**Are more than 50% of your beneficiaries children and youth and/or family with children and youth? And/or does your mission statement explicitly mention families and/or children and/or youth?**

YesNo

If your organization has a community focus that was not mentioned above, please provide a brief summary of the community(ies) you serve.

YesNo

If your organization has a community focus that was not mentioned above, please provide a brief summary of the community(ies) you serve.

Do you have any suggestions for OEWD about this survey or the application process? If so, use the space below.