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San Diego Social Venture Partners

6960 Flanders Drive, San Diego, CA 92121

(858) 412-5331 | www.sdsvp.org | admin@sdsvp.org

**2020 FUNDING CYCLE – LETTER OF INTEREST**

**Economic Inequality**

USING THIS FORM

Please enter information directly into this form. The boxes will expand to hold your text. You can adjust the page breaks when you have completed the form.

* Please review the Grant Guidelines in advance of completing this form
* Maximum length is 10 pages, single-spaced.
* Whenever possible, please use bullet points rather than paragraphs. Brevity will be highly advantageous to you during our review process.
* If you find an item confusing, please feel free to contact us. We understand that some of our nomenclature could be unfamiliar.
* Submit by email to admin@sdsvp.org by 5:00pm on February 28, 2020

**Letter of Interest**

1. Contact Information

|  |  |
| --- | --- |
| Organization Name: | Website: |
| Address: |
| Executive Director or CEO: | Second Contact: |
| Phone: | E-mail: | Phone: | E-mail: |

1. Organization

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| --- | --- | --- | --- |
| Number of paid full-time employees:  | Number of paid part time employees: | Number of volunteers: | Number of active Board Members: |
| No. Years working in this focus area: | Are you headquartered in the greater San Diego area? | Total annual budget for organization: | Are you a registered 501c3? |
| If you are affiliated with a national or parent organization, describe the roles you play in the following functions:  |
| Operations |  |
| Initiating new programs |  |
| Fund raising |  |
| Cost sharing |  |
| Governance |  |

1. How Did You Hear About this Grant Opportunity?

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1. Overview

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| Provide a brief summary of your organization. What is your mission? Who are you? What problem(s) do you seek to solve? (500 words max) |

4. Programs and Services

Please describe your current programs that focus supporting populations affected by economic inequality. If you have more than one program, please choose your two or three largest and most relevant programs to describe. Add rows to the table as required.

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| Program Title: |
| Target Population: |
| Current Number Served: | Area(s) of County Served: |
| Provide the goals and objectives of the program, including the methods being used to achieve them. (500 words max):  |
| What makes this program particularly effective or innovative? (100 words max) |  |
| What % of your overall budget goes to this program? |
| Delete the table below if there are no other applicable programs |
| Program Title: |
| Target Population: |
| Current Number Served: | Area(s) of County Served: |
| Provide the goals and objectives of the program, including the methods being used to achieve them. (500 words max):  |
| What makes this program particularly effective or innovative? (100 words max) |  |
| What % of your overall budget goes to this program? |
| Delete the table below if there are no other applicable programs |
| Program Title: |
| Target Population: |
| Current Number Served: | Area(s) of County Served: |
| Provide the goals and objectives of the program, including the methods being used to achieve them. (500 words max):  |
| What makes this program particularly effective or innovative? (100 words max) |  |
| What % of your overall budget goes to this program? |

5. Faith-Based Programming

Are any of the programs listed above, associated or based within a specific religious faith? If so, please describe how faith is integrated into your programming and why you believe it is a vital piece of the program’s success. If no, please leave blank. (100 words max)

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6. Impact and Measurements

How do you know when you have accomplished your mission and program goals? What are your indicators of success and how do you measure them (please be metric-specific)? What results have you achieved already? (If this is a brand-new program, what results do you anticipate producing and how will you measure them?) (500 words max)

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7. Board of Directors

Describe your board’s composition. Explain how their skills and experience are relevant to the organization’s needs and constituents that you serve. Describe in detail how you ensure a balanced composition to make up a diverse governing body that is also genuinely independent (not dominated by family, employees, beneficiaries, or business partners).

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8. Growth, Development and Scale

Indicate the extent to which your program(s) and/or services possess any of the following attributes. Explain in 1-3 bullets.

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| A. Have potential for increasing the numbers served |  |
| B. Can create leverage by spreading an innovative program model |  |
| C. Is scalable/replicable in other locations and/or organizations |  |

9. Capacity Building (See Appendix A for Examples – please do not copy and paste word for word)

What are your capacity building needs (short and long-term)? What kind of capacity building projects might SVP help you with? *The capacity building areas you describe here will not determine what SVP Partners would work on should your organization be selected as these will be mutually determined based upon your needs and our available expertise. The response to this question should be rough estimates and/or examples of your goals and needs. (please feel free to contact SVP staff if you have any questions regarding this question)*

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**10. Significant Change**

Overall, what significant, lasting change in your organization would you hope to achieve as a result of SDSVP’s collaboration and funding? (400 words max)

**11. Finances**

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| When is your fiscal year end?  |
| Please indicate the following for the current fiscal year and three previous years:  |
|  | Revenues | Expenditures |
| Fiscal year ended \_\_\_\_\_\_\_\_(Actual) |  |  |
| Fiscal year ended \_\_\_\_\_\_\_\_(Actual) |  |  |
| Fiscal year ended \_\_\_\_\_\_\_\_(Actual) |  |  |
| Current Fiscal Year\_\_\_\_\_\_ (Budget) |  |  |
| Describe your anticipated funding for this year and future years: |

Submit this form to admin@sdsvp.org

***Thank you for your interest in partnering with San Diego Social Venture Partners!***

**Appendix A**

**Examples of capacity building needs. Please do not copy and paste these word for word. Instead, REVISE and CUSTOMIZE to fit your organization’s specific structure.**

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| **What are your capacity building needs (short and long-term)? What will you need to strengthen or develop at the organization level in order to achieve your organization’s current and future goals and objectives?*** Individual mentoring to improve leadership within the organization
* Grow the leadership capacity of the organization by strengthening the Board of Directors, specifically by evolving from a founding board to an effective operating board
* Develop an accurate understanding of your costs and revenues
* Improve financial reporting
* Develop a plan for, seek funding and implement a web-based informational tracking system that integrates all components and functions of our growing organization.
* Legal support with a question about your lease, tax status, licensing, etc.
* HR systems such as improving an employee or volunteer handbook, maintaining compliance with employment laws, implementing effective systems of payroll and tracking leave.
* Develop a long-term strategic plan
* Create and implement an effective marketing plan so that you have a consistent message and look to the community.
* Practice and refine your “pitch” to potential funders
* Refine evaluation tools and surveys to better assess impact
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