All questions for Capacity Building and Leadership Investment Program application are below. Please review them before beginning the application, as you cannot toggle between questions.

CONTACT INFORMATION:
- Name of Executive director / President of Organization
- ED/President Email
- Name of Primary Contact
- Job Title of Primary Contact
- Email of Primary Contact
- Phone of Primary Contact
- Name of Secondary contact
- Email of Secondary contact
- Job Title of secondary contact

ORGANIZATION INFORMATION:
- Organization Legal Name
- EIN
- Organization Address
- Website
- Twitter handle
- Facebook handle
- How many years has your organization been in operation?
  - Less than 1 year
  - 1 - 3 years
  - 4 - 6 years
  - 7 - 9 years
  - 10+ years
- How many full- and part-time employees does your organization have? (Drop Down)
  - No employees/all volunteer
  - 1-5 employees
- 6-10 employees
- 11-20 employees
- 21 or more employees

- My organization has received the “Seal of Transparency” from Guidestar. Note - this is not an eligibility requirement. You may update your Guidestar Nonprofit Profile for free here to earn the seal,
  - Yes
  - No
  - Unsure
  - N/A (my organization is a school or government entity)

- Organization overview. Provide a succinct summary of the organization’s history, mission, and purpose. Organization operating budget (dropdown)
  - $0-$249,000
  - $250,000-$499,999
  - $500,000-$999,999
  - $1,000,000-$4,999,999
  - $5,000,000-$9,999,999
  - $10,000,000+

- Organizational health. Briefly describe challenges and successes that contribute to your organization’s operational and fiscal well-being.

Is your organization fiscally sponsored?

- Yes
- No

  - If no, move to next question
  - If yes, then:
    - Name of fiscal sponsor
    - EIN of fiscal sponsor
    - Contact name for fiscally sponsored organization
Email for contact of fiscally sponsored organization

Please provide documentation to confirm the fiscal sponsor relationship (i.e., MOU, letter / email -rom fiscally sponsored organization confirming relationship dated within the last 12 months).

APPLICATION QUESTIONS:

- For what are you requesting funding? (Check all that apply)
  - Leadership development, executive level
  - Leadership development, middle management
  - Organization capacity development
  - Organization transition activities

- Amount requested (up to $50,000)
- Date you would like the proposed activities to start
- Date you expect the activities to conclude
- Please explain your organization's commitment to issues of racial equity and/or social and economic justice:
- Please share examples of activities which demonstrate your organization's commitment to racial equity and/or social and economic justice:
- Please explain why your organization is interested in capacity-building and/or leadership support?
- Please list specific capacity and leadership needs that you have identified, and explain how support for these needs will strengthen and/or further the equity and justice work described above.
- SVCF would like to understand how your organization listens to, and incorporates, the voice of those whom you serve; specifically, how these voices are incorporating in organizational decision-making. Please explain here:

- If a consultant or vendor is needed to address these needs, have you already identified the consultant or vendor?
  - Yes
  - No
  - Not Needed
    - If yes is checked, continue to next question
If not needed is checked, continue to next question

If no is checked, then...

- End questions at this point
- Say, “Because you answered “No” to the previous question, you are not ready to submit your application

- OPTIONAL: If there is any additional context you would like us to consider, please explain here.

COMMUNITY CHARACTERISTICS:
- Geographically, please select your area where you focus your services/programs. Please note: if your organization is not providing service primarily in San Mateo or Santa Clara County, your application will not be considered for funding from this program.
  - [ ] San Mateo County
  - [ ] Santa Clara County
  - [ ] Alameda County
  - [ ] Contra Costa County
  - [ ] Marin County
  - [ ] Napa County
  - [ ] San Francisco County
  - [ ] Solano County
  - [ ] Sonoma County
  - [ ] Other:
    - [ ] If San Mateo or Santa Clara is selected, which cities in San Mateo/Santa Clara do you specifically serve?

Please be as specific as possible, indicating the communities served as well as characteristics of the neighborhoods and population served (e.g., number/percent of low-income residents' people of color, etc.)

- Priority populations organization or programs focus on serving. (Please select three as appropriate)
  - [ ] Children birth - 8
  - [ ] Foster youth/former foster youth
- Households with Limited English Proficiency
- Housing insecure (i.e., homeless, transitional, temporary)
- Immigrants and Refugees
- Individuals and families living in rural areas
- Individuals and families with low-income
- LGBTQIA+ Individuals and Families
- People with Disabilities
- Seniors/Older Adults
- Other: (fill in the blank)

- Priority communities organization or programs focus on serving (please select 3 as appropriate)
  - ☐ African American/Black
  - ☐ Asian/ Asian American
  - ☐ Indigenous/Native American
  - ☐ Latino/o/x
  - ☐ Middle Eastern/North African
  - ☐ Pacific Islander/ Native Hawaiian
  - ☐ White (not Caucasian)
  - ☐ Other:

- Which age groups does your organization primarily serve? (Select all that apply)
  - ☐ Birth-8
  - ☐ 9-17
  - ☐ 18 – 29
  - ☐ 30 – 44
  - ☐ 45 – 65
  - ☐ Over 65
  - ☐ Check All

- Faith-Based Organization. If you are a faith-based organization, which faith-based communities do you engage in your work? (Select all that apply)
  - ☐ Buddhist
  - ☐ Christianity
ADDITIONAL DEMOGRAPHIC QUESTIONS:

- Please check if your organization’s Executive Director/President/CEO identifies as any of the following; check as many of the following boxes as applicable:
  - Disabled
    - African American / Black
    - Asian / Asian American
    - Female
    - Indigenous / Native American
    - Latina/o/x
    - LGBTQIA+
    - Middle Eastern/North African
    - Pacific Islander/Native Hawaiian
    - White (not Caucasian)
    - Our organization’s Executive Director / President / CEO does not identify as any of the above
    - Prefer not to disclose
    - Other: (fill in the blank)

- Is your Board of Directors majority (51%+) people of color?
  - Yes
  - No
Is your staff made up of a majority (51%+) of people of color?
- □ Yes
- □ No

How did you find the overall process of submitting an application?
- □ Very Easy
- □ Easy
- □ Moderate
- □ Difficult
- □ Very Difficult

Did you communicate with SVCF staff to complete this application?
- □ Yes
- □ No
  - □ If yes, what was the topic of the communication?
    - • Eligibility question
    - • Information about SVCF in general or another grantmaking strategy
    - • Programmatic question
    - • Technical support
    - • Other

ATTACHMENTS
- □ Please attach your organization's budget for this fiscal year.
- □ Please include a summary which details the scope and cost associated with the capacity and leadership needs that you have identified in this application