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
- Email of Primary Contact
- Phone of Primary Contact
- Name of contact for payment
- Email of contact for payment

ORGANIZATION INFORMATION:
- Organization Legal Name
- Please share organization mission and vision statements
- EIN
- What is your annual operating budget? (dropdown)
  - Under $500,000
  - $500,000 to $1 million
  - $1 -5 million
  - Above $5 million
- Are you a fiscally sponsored organization?
  - Yes
  - No
  - If no, move to next question
  - If yes, then:
    - Name of fiscal sponsor
    - EIN of fiscal sponsor
    - Contact Name for fiscally sponsored org
    - Email for contact of fiscally sponsored org
    - Please provide documentation to confirm fiscal sponsor relationship (i.e., MOU, Letter/email dated within the last 12 months -from fiscally sponsored organization confirming relationship).
- 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)
SERVICE AREAS:

- Geographically, please select your area where you focus your services/programs:
  - San Mateo County
  - Santa Clara County
  - Both San Mateo and Santa Clara Counties
  - Other: Bay Area Counties
  - Other: California
  - Nationwide

- Please detail the geography your services focus on, such as cities, zip codes and/or neighborhoods in the county/ies you primarily serve.

- Which communities are you serving? (check all that apply)
  - Asian Americans/ Pacific Islanders
  - Black
  - Children 0 – 8
  - Homeless Individuals and Families/Nonconventional Housing
  - Households with Limited English Proficiency
  - Individuals and families living in rural areas
  - Immigrants and Refugees
  - Latino
  - LGBTQ Individuals and Families
  - Middle Eastern
  - Native Americans and Tribal
  - People with Disabilities
  - Seniors/ Older Adults
  - Other: ___________________________

- If you are a faith-based organization, which faith-based communities do you engage in your work? (select all that apply)
  - Buddhism
  - Christianity
  - Hinduism
  - Islam
  - Judaism
  - Native American Religions
  - Sikhism
  - Other: ________________________
  - Does Not Apply

- Which age groups does your organization primarily serve?
  - Under 18
  - 18 – 29
  - 30 – 44
  - 45 – 64
  - 65 and older
ORGANIZATIONAL LEADERSHIP:

- Please check if your organization's Executive Director / President / CEO identifies as any of the following:
  - Differently-abled
  - Female
  - LGBTQ
  - Person of color – Asian
  - Person of color – Black
  - Person of color - Latino
  - Person of color – Multiple
  - Person of color - Native American
  - Person of color – Other
  - Our organization's Executive Director / President / CEO does not identify as any of the above
  - Other: _____________________________

- 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

FUNDING INFORMATION:

- Are you requesting funding for: (check all that apply)
  - Organization capacity development
  - Organization transition activities
  - Leadership development, executive level
  - Leadership development, middle management
  - Cross Sector Collaboration
  - Policy, Advocacy, Coalition Building

- How much are you requesting (up to $50,000)

- Date you would like the proposed activities to start

- Date you expect the activities to conclude

APPLICATION QUESTIONS

- Please explain your organization’s commitment to the 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.
We are interested to understand how your organization listens to, and incorporates, the voice of those that you serve; specifically in the way that your organization makes decisions. 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.

Roughly how much staff time was involved in completing this proposal?
- Less than two hours
- Two to four hours
- Five to six hours
- Seven to eight hours
- Nine to ten hours
- Over ten hours

ATTACHMENTS
- Please attach the current year budget that your organization is working from.
- Please include a summary which details the scope and cost associated with the capacity and leadership needs that you have identified in this application.