

## ***Nonprofit Capacity Building Training***

We are seeking nonprofit organizations based in Imperial County to participate in a new Nonprofit Capacity Building Training. The training covers topics that will help the participants build capacity in their organizations to sustain funding, cultivate empowering work environments, build community partners, and be better positioned to serve their mission while also aligning with the [Imperial County Community Health Improvement Plan \(CHIP\)](#). This application will open on Wednesday, July 3, 2019 and **we have extended the deadline to now close at 12:00 AM on August 13, 2019**. All organizations that apply must be 501C3 or be fiscally sponsored by a 501C3, and all representatives from organization must be 18 years or older.

We highly recommend that you review the application requirements and the application questions before starting this online application so you can prepare and formulate your answers ahead of time. In addition to application questions, the application requires all organization to upload three documents: 1) a current copy of Federal Form 990, 2) a current copy of State Form SI-100, and 3) a letter of commitment. You can find details of the required content of the letter of commitment in an FAQ document [here](#). While this online application portal is not timed, if you exit the application, you will need to start over again and re-enter your answers.

Organizations that are accepted, will be guaranteed to send at least the first and second representatives identified in this application, to participate in a series of workshops, conference calls, online class meetings, and assignments intended to advance their organization's impact, particularly for programs and initiatives that support the CHIP. Please see details on the LHA website regarding the training timeline, to include dates of the workshops, online class meetings, etc. Workshop attendance, online class meeting participation and completion of homework assignments are mandatory for all participants. Representatives will present their final projects to the Local Health Authority in June 2020.

Completion of the program should be considered as the beginning of the next stage for an organization's development. It is expected that graduate organization and their representatives will be able to more effectively formulate and engage in workplans to improve health from a system's perspective. Additionally, as organizations are able to better address root causes of problems in the community, there is an anticipation that organizations will be able to better access public and private funding at the local, state, and federal levels to engage in sustainable efforts that will have long-term impact for the health of Imperial County residents.

### **[Application for the Training](#)**

**\*Q1.** Contact information for your organization's contact regarding this application.

- i. Name
- ii. Title
- iii. Email
- iv. Phone Number

**\*Q2.** Organization's information. For company name, please use the name of your nonprofit. For address, city/town and zip code, please use the location of your organization's main office in Imperial County.

- i. Company
- ii. Address
- iii. City/Town
- iv. Zip/Postal Code

**\*Q3.** Are you a 501C3 nonprofit or under a fiscal sponsor that is a 501C3?

- i. No
- ii. Yes

**Q4.** Please upload a **current** copy of your organization's Federal Form 990 (Return of Organization Exempt from Income Tax)

*(If you do not have this document now, **you must submit it via email by 12:00AM on August 13 to VanessaRyckman@co.imperial.ca.us.** Submission of this document is a requirement of the application process; therefore, your application will not be complete until it is received.)*

**Q5.** Please upload a **current** copy of your organization's State Form SI-100 (Secretary of State, Statement of Information Form)

*(If you do not have this document now, **you must submit it via email by 12:00AM on August 13 to VanessaRyckman@co.imperial.ca.us.** Submission of this document is a requirement of the application process; therefore, your application will not be complete until it is received.)*

**\*Q6.** How many employees do you have?

- i. # of Full Time Employees
- ii. # of Part Time
- iii. # of Volunteers

**Q7.** Do you have an organizational chart? If so, please upload it here.

*(This question is optional. Please move on to the next question if you cannot provide an organizational chart.)*

**\*Q8.** Please list members of the Board of Directors or Advisory Board if fiscal sponsor and provide their name, organization and title when possible.

**Q9.** Please upload bios for these members (in a single document) if you have them.

*(This question is optional. Please move on to the next question if you cannot provide bios for the board members)*

**\*Q10.** State your nonprofit's mission.

*(10-20 characters)*

**\*Q11.** Describe the services your nonprofit provides and its target audience for those services, i.e. the type of people served, what their needs are, how services are delivered.

*(no character limit)*

**\*Q12.** Provide 3 key impacts your nonprofit has made on a social or health issue within the last three years.

For example: demonstrations of how your organization has already proven leadership on and commitment to community issues in Imperial County. These could be programmatic, operational, and financial. *(30-500 characters each)*

- i. Impact 1
- i. Impact 2
- iii. Impact 3

**\*Q13.** Describe current or planned activities of your organization that align with the [CHIP](#) and its overall vision. Please be as specific as possible. Explain project timelines, how your measures are aligning with the CHIP measures, and your expected impact on CHIP vision. *(no character limit)*

\*Indicates that a response is required.

**\*Q14.** Approximately how many people in Imperial County does your organization serve annually and how do you track that number?

*(5-500 characters)*

**\*Q15.** Why does your organization want to take part in this program?

*(no character limit)*

**\*Q16.** As you know, Imperial County is a multi-lingual community. Please describe how your organization serves non-English speakers? For example: written materials, bilingual front-line staff, etc.

*(10-200 characters)*

### **Questions and Criteria for Organization's Representatives**

This section of the application assesses the representative(s) your organization has selected to attend the training. Note it is suggested that each nonprofit select two representatives to send to the training, but a single representative is accepted given capacity differences across organizations. Additional representatives identified in questions 21-24 will be accepted depending on availability of space in the program.

The overall pool of available points is related to the quality of up to two representatives you select, as described in questions 17-20. More than one representative does not provide more points.

All representatives are expected to participate in each of the three trainings, the calls and the assignments/final project.

**Please note:** The order in which you select each representative is important and tied to funding. The representatives inputted below as 1 & 2, will be the only persons qualified to receive funding for the organization (assuming completion of the training). Representatives inputted under 3 & 4, will not qualify for funding in any case *(i.e. if representative 1 or 2 can no longer attend the training and representative 3 or 4 are used as replacements, 3 & 4 would still not qualify for additional funding)*.

**\*Q17.** Name, title and role in in organization of representative #1. *(Note: If organization is selected, representative #1 as listed below, is a definite, stipend-backed attendee.)*

**\*Q18.** Please explain why you are choosing representative #1 by answering questions such as: How have they championed change in your organization and in the community? What initiatives have they lead? Why do they stand out? How do they work in teams or groups? How do they work with high-level leadership in your organization such as the Executive Director, Board, etc.? What is their leadership style and/or what are their leadership capabilities? *(no character limit)*

**Q19.** Name, title and role in in organization of representative #2. *(Note: If organization is selected, representative #2 as listed below, is a definite, stipend-backed attendee.)*

**Q20.** Please explain why you are choosing representative #2 by answering questions such as: How have they championed change in your organization and in the community? What initiatives have they lead? Why do they stand out? How do they work in teams or groups? How do they work with high-level leadership in your organization such as the Executive Director, Board, etc.? What is their leadership style and/or what are their leadership capabilities? *(no character limit)*

\*Indicates that a response is required.

**Q21.** Name, title and role in in organization of representative #3.

**Q22.** Please explain why you are choosing representative #3 by answering questions such as: How have they championed change in your organization and in the community? What initiatives have they lead? Why do they stand out? How do they work in teams or groups? How do they work with high-level leadership in your organization such as the Executive Director, Board, etc.? What is their leadership style and/or what are their leadership capabilities? *(no character limit)*

**Q23.** Name, title and role in in organization of representative #4.

**Q24.** Please explain why you are choosing representative #4 by answering questions such as: How have they championed change in your organization and in the community? What initiatives have they lead? Why do they stand out? How do they work in teams or groups? How do they work with high-level leadership in your organization such as the Executive Director, Board, etc.? What is their leadership style and/or what are their leadership capabilities? *(no character limit)*

**\*Q25.** Through the program, nonprofit representatives will learn about tangible tools to build and strengthen their organization such as: root cause/systems analysis, data collection and management, an assessment of their funding audience, an organizational story and messaging to reach funders, and a plan for how to reach them.

**Please upload a letter of commitment (on the organization letterhead) signed by both the executive director of your nonprofit organization AND the chair or president of your Board of Directors** that confirms and/or outlines a response to the following three points:

- What is the representative's ability to be a decision-making authority within the nonprofit organization that can implement changes based on learnings from the training? If you are sending multiple representatives, the letter must address each person's authority individually.
- How your nonprofit and its leadership will support the representative's participation and learning throughout the program.
- How the representative(s) will integrate the program learning, such as the resulting tools described above into your organization.

**\*Q26. Please remember:** If you did not upload the required documents (Federal Form 990 and SI-100) in Questions 4 & 5, **you must submit via email by 12:00AM on August 13 to: [VanessaRyckman@co.imperial.ca.us](mailto:VanessaRyckman@co.imperial.ca.us)**. Submission of this document is a requirement of the application process; therefore, your application will not be complete until it is received.

i. Check this box as an acknowledgement that you have read and agree to the statement above.

\*Indicates that a response is required.