

**Letter of Interest Worksheet**

**INSTRUCTIONS**

This worksheet is intended to help you to draft your responses to the questions in this Letter of Interest (LOI) form prior to starting the online submission process.

**Note: Once you start the process online, you must finish it in one sitting.** Our online LOI system does not allow you to save your information and return to it later. If you leave the page, your information will be lost. This worksheet was created to give you a place to craft your answers and complete your internal review process before you begin the online process.

Please make sure to carefully review your application before pressing Submit.

There are specific instructions below for each section of the LOI. **Please note all responses should refer to the organization doing the work, unless otherwise specified.** The first column of each of the tables below mirrors what you will see online. Additional instructions are included in the right-side column to help you respond and space has been provided to draft your responses. You may copy and paste the information prepared in this template into the online portal form. ***If you still have questions, please call us and ask for Grants Management - (818) 702-1900 – or send an email to grants(at)calwellness.org.***

Once submitted, your LOI will be reviewed by the program director assigned to the portfolio that aligns with your work. You will be notified within 90 days if a full proposal will be invited. Unfortunately, we must decline many more letters than we move forward. You’ll have an opportunity to speak with the program director who reviewed your LOI for more information behind our decision.

Tips for using this LOI

* This form has multiple sections. Sections are outlined in boxes and indicated with an **orange heading**. Within each section, there are questions/prompts, some of which have instructions or descriptions below them in italicized text.
* Response fields can be text, number, dropdown menu, select field, a check box, paragraph box, or a multi-select field.
* Blank boxes are included below for you to draft your responses. Where a field is a checkbox or a select field, the related menu options have been provided.
* Required questions are identified by a red asterisk (**\***).
* Some larger paragraph boxes can be expanded. Look for two diagonal lines in the lower right corner of the paragraph box. Click on the lines and drag to expand.



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| **Organization Contact Information** | |
| **Organization Name\***  ***Name of the organization conducting the work.*** |  |
| **Address Line 1 / Line 2\*** |  |
| **City\*** |  |
| **State\*** | Use the dropdown menu to select the state. |
| **Zip Code\*** |  |
| **Phone\*** | Use the following format:  ###-###-####. |
| **Website** | Use the following format (if possible):  www.orgname.org. No need to begin with “https://.” |

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| **Primary Contact for this Request** | |
| *This contact will receive all correspondence related to this request.* | |
| **Prefix\*** | Use the dropdown menu to select a prefix. |
| **First Name\*** |  |
| **Middle Name** |  |
| **Last Name\*** |  |
| **Title\*** |  |
| **Primary Contact Address**    ***Leave the box unchecked if Primary Contact has different address and provide the information below.*** | If the Primary Contact’s Address is the same as the organization address you included above, click the checkbox.  **Once you check the box, you cannot uncheck the box.** Address fields specific to the contact disappear. If you checked the box in error, you will need to refresh the webpage. |
| **Address Line 1 / Line 2** | **If you checked the box confirming that the Primary Contact has the same address as the organization, these fields will not appear. Continue to the next section.**  For State, use the dropdown menu to select the state. |
| **City** |
| **State** |
| **Postal Code** |
| **Phone** | Use the following format:  ###-###-#### |
| **Email\*** |  |

**ORGANIZATION BACKGROUND**

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| **About the Applicant Organization (All responses should refer to the organization doing the work)** | | |
| **Date Organization Established**  *Please provide the date the organization began its work. If you do not have the exact date, use January 1 followed by the year the organization was established — for example, 01/01/2001.* | |  |
| **Mission Statement**  **(100 words or less)** | *This field allows for 100 words. As you type in the field, the system will count down the number of words remaining. You can see this in the bottom left of the field.* |  |

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| **Financial Information (All responses should refer to the organization doing the work)** | |
| **Current Fiscal Year**  *Using the drop-down menu, select your organization's current fiscal year. If your fiscal year spans over two years, select the end year.* | Use the dropdown menu to select your current fiscal year.  Choices:  2019  2020  2021 |
| **Current Fiscal Year Operating Budget**  *Please use whole dollars.* | **$** |

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| **Employer Identification Number (EIN)** | |
| **EIN\***  *If your organization/project falls under the umbrella of a larger tax-exempt organization—sometimes referred to as a fiscal sponsor—then use that organization's EIN.* | Use the following format:  ##-####### |
| **Mark "Yes" if the EIN entered above is for your organization's fiscal sponsor. Mark "No" if the EIN is registered to the submitting organization.\***  YesNo |  |

**Request Details**

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| **Request Information** | |  |
| **Amount Requested**\*  *Please use whole dollars.* | *Enter in whole dollars the amount you are requesting.* | $ |
| **Duration of Requested Grant Period\***  *Please use months up to a maximum of 36 months.* | |  |
| **Brief Summary of Request\***  *Please limit to one sentence up to 25 words.* | |  |
| ***Portfolio Selection*** | | |
| Select one of the specific priority areas that best reflects your request. Refer to [Calwellness.org/what-we-fund](https://www.calwellness.org/money/what-we-fund/) for descriptions.  If you are unsure of which program area to select, choose Other/Unsure. | | |
| **Priority Area \*** | Use the dropdown menu to make a selection. | Choices available from dropdown menu: |

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| ***Type of Support*** | |
| Identify whether this grant request is for **core operating support** or for **project support**.  Examples of core operating support include:   * providing salaries for key administrative staff; * covering operating expenses (e.g., rent, phone, office supplies); * supporting strategic planning, and staff and board development; * sustaining ongoing community organizing efforts; and * maintaining existing services of a community health clinic.   Most organizations with ongoing work to address the social determinants of health and to improve the health of Californians are eligible for **core operating support** from the Foundation.  **Project support** refers to the development of a new, or expansion of a specific, program or efforts to address the social determinants of health and improve the health of Californians. Two examples of project support are development of a new health education program, and staff salaries for a new project or program. | |
| **Is this a request for core operating support or project support?\*** | Use the dropdown menu to select a support type.  Choices available:  Core Operating Support  Project Support |
| ***Geographic Focus*** | |
| Select the geographic area(s) that best represent your request by clicking on the related location(s). ***Once highlighted, it is selected.*** To select additional areas, hold down the Ctrl key and click on your next selection.  Use the scroll bar to ensure that all desired areas are highlighted. | |
| **Geographic Area(s) of Focus for Grant Request**  Use the scroll to view all possible areas. To select more than one area, hold down the Ctrl key and click.  If the geographic area is not highlighted blue than it is not selected in the form. | Choose “National,” “Statewide,” or the area of California that best represents your request.  The dropdown list is comprised of the following regions, which are broken down further by county.   * Bay Area * Central Valley * Coastal Area * Greater Los Angeles * Greater Sacramento/Sierra * Inland Area * Northern California * Southern California   **Geographic Area(s) of Focus for Grant Request** |
| ***Request Narrative*** | |
| Please upload a narrative that describes the following:   * The issue(s) the organization or project will address. * Which geographic area(s) and population(s) will be served or targeted and why. * How Cal Wellness funds will be utilized to address the identified issue(s) listed above (please include specific strategies, approaches and activities). * How the proposed work aligns with our grantmaking program, Advancing Wellness. * How is your organization’s work addressing and advancing health equity? * Two key accomplishments of the organization.   Please limit the request narrative to no more than two pages, using a 12-point font and one-inch margins. Please use the majority of the two pages to answer items 3 and 4 above. Accepted file types are Microsoft Word (.doc or .docx) and Adobe PDF (.pdf). No other attachments (e.g., line-item budget) are necessary.  **We are happy to accept a narrative prepared for another funder as long as it provides the requested information.** | |
| **Request Narrative\*** | Click on the Choose File button and follow the prompts to complete the file upload. |

**Executive Staff & Board Demographics**

**Why are we collecting this information?**

We collect demographic information to better understand who is leading the organizations Cal Wellness funds.

Since our inception, we have been committed to funding organizations that strive to improve the health and wellness of traditionally underserved communities. Diversity, equity and inclusion is a core foundation value and an important component of our efforts to advance health equity. We believe that when organizations have leaders in decision-making roles who mirror the identities, values and interests of the communities they serve, there is greater likelihood of the organization more effectively contributing to improved health outcomes.

We ourselves collect and report demographic data on [Cal Wellness board and staff via GuideStar](https://www.guidestar.org/profile/95-4292101) as part of our commitment to diversity, equity, inclusion and transparency.

**How will Cal Wellness use this information?**

This information is**just one component of many** that will determine whether or not you will be invited to submit a proposal. We are asking for this information in the letter of interest stage because we want to identify patterns related to what organizations are applying and which are getting funded. One of our core values is promoting equity in our grantmaking and internal operations.

**Your information is confidential.**Only Cal Wellness staff will have access to your specific demographic data. **Any public description of the demographic composition of Cal Wellness grant applicants will be data reported in the aggregate.**

If your organization or program is part of a larger entity, please provide demographic data on the advisory board and staff **specific to your organization or program**, not the larger entity, unless they are the same.

**Board Demographics**

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| **Board – Total Members** | | |
| **Total Number of Board Members**  *Please note that each of the board demographic sections below must add up to the total number of board members before the application can be submitted, unless you have selected a reason for not providing the numbers.* | | |
| **Board Demographics – Race/Ethnicity** | | |
| Please provide the number of board members in each demographic category based on **how they publicly identify themselves**. If your organization does not collect certain information, please select “don’t collect.” If your organization does not wish to report, please select “decline to state.” | | |
| **Please indicate why metrics were not provided.**  Don't Collect  Declined to State | | If you opt to not include the information below, please select one of these options to indicate why.  ***Please note, if you make a selection in this field you cannot deselect the radio button.*** You will be forced to restart the form to reset the options to blank. |
| **African American/African/Black**  *Those who identify as being from or descending from the Caribbean or the African continent.* | |  |
| **Middle Eastern/North African**  *Those who identify as being or descending from the Arabian Peninsula, the Middle East or Northern Africa.* | |  |
| **Asian American/Asian**  *Those who identify as being from or descending from East, Southeast Asia, or South Asia.* | |  |
| **Latino/Hispanic**  *Those who identify as being from or descending from Mexico, Central or South America, Cuba, Puerto Rico or other Spanish culture or origin.* | |  |
| **Native American/Alaska Native**  *Those who identify as indigenous peoples of the Americas and Alaska.* | |  |
| **Native Hawaiian/Pacific Islander**  *Those who identify as indigenous peoples from Hawaii OR being from or descending from any of the Pacific Islands including, for example, Guam, Samoa, Tonga and Fiji.* | |  |
| **European American/White (not Hispanic or Latino)**  *Those who identify as being from or descending from Western and Eastern Europe.* | |  |
| **Multiracial/Multiethnic**  *Those who identify as being from two or more racial or ethnic categories.* | |  |
| **Unknown Race/Ethnicity (i.e., you have not collected the information)** | |  |
| **Race/Ethnicity not described by categories above**  *Please enter the number of people who identify as a race/ethnicity not described in the categories above. Use the description box below to specify the race/ethnicity of those counted here.* | |  |
| **Race/Ethnicity Description**  *The race or ethnicity is not described by the categories above. Please describe the actual race or ethnicity in this box.* | |  |
| **Board Demographics – Gender** | | |
| Please provide the number of board members in each demographic category based on **how they publicly identify themselves**. If your organization does not collect certain information, please select “don’t collect.” If your organization does not wish to report, please select “decline to state.” | | |
| **Please indicate why metrics were not provided.**  Don't Collect  Declined to State | | If you opt to not include the information below, please select one of these options to indicate why.  ***Please note, if you make a selection in this field you cannot deselect the radio button.*** You will be forced to restart the form to reset the options to blank. |
| **Female** | |  |
| **Male** | |  |
| **Transgender** | |  |
| **Gender Non-Conforming** | |  |
| **Unknown Gender (i.e., you have not collected the information)** | |  |
| **Gender not described by categories above**  *Please enter the number of people who identify as a gender not described in the categories above. Use the description box below to specify the gender of those counted here.* | |  |
| **Gender Description**  *If the gender is not described by the categories above, please specify the appropriate gender in this box.* | |  |
| **Board Demographics - Disability** | | |
| Please provide the number of board members in each demographic category based on **how they publicly identify themselves**. If your organization does not collect certain information, please select “don’t collect.” If your organization does not wish to report, please select “decline to state.” | | |
| **Please indicate why metrics were not provided.**  Don't Collect  Declined to State | | If you opt to not include the information below, please select one of these options to indicate why.  ***Please note, if you make a selection in this field you cannot deselect the radio button.*** You will be forced to restart the form to reset the options to blank. |
| **Living with a disability**  *Cal Wellness understands that disability can be a physical, cognitive, sensory, mental health or other impairment that limits a major life activity.* | |  |
| **Do not identify as living with a disability** | |  |
| **Unknown Disability (i.e., you have not collected the information)** | |  |
| **Disability not described by categories above**  *Please enter the number of people who identify as having a disability that is not described by the categories above. Use the description box below to specify the disability.* | |  |
| Disability Description*If the disability is not described by the categories above, please specify the disability in this box.* | |  |
| **Board Demographics - Sexual Orientation** | | |
| Please provide the number of board members in each demographic category based on **how they publicly identify themselves**. If your organization does not collect certain information, please select “don’t collect.” If your organization does not wish to report, please select “decline to state.” | | |
| **Please indicate why metrics were not provided.**  Don't Collect  Declined to State | If you opt to not include the information below, please select one of these options to indicate why.  ***Please note, if you make a selection in this field you cannot deselect the radio button.*** You will be forced to restart the form to reset the options to blank. | |
| **Heterosexual or Straight** |  | |
| **Lesbian or Gay** |  | |
| **Bisexual** |  | |
| **Queer** |  | |
| **Questioning** |  | |
| **Unknown Sexual Orientation (i.e., you do not collect this information)** |  | |
| **Sexual Orientation not described in categories above**  *Please enter the number of people who identify as having a sexual orientation that is not described by the categories above. Use the description box below to specify the sexual orientation.* |  | |
| **Sexual Orientation Description**  *If the sexual orientation is not described by the categories above, please specify the sexual orientation in this box.* |  | |

**Executive Staff Demographics**

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| **Executive Staff – Total Number** | | |
| **Total Number of Executive Staff**  *Please note that each of the executive staff demographic sections below must add up to the total number of executive staff before the application can be submitted, unless you have selected a reason for not providing the metrics.* |  | |
| **Executive Staff Demographics – Race/Ethnicity** | | |
| Please provide the total number of people in your organization's leadership for each demographic category based on **how they publicly identify themselves**. (Leadership is defined as CEO/Executive Director AND other leadership staff.) If your organization does not collect certain information, please select “don’t collect.” If your organization does not wish to report, please select “decline to state.” | | |
| **Please indicate why metrics were not provided.**  Don't Collect  Declined to State | | If you opt to not include the information below, please select one of these options to indicate why.  ***Please note, if you make a selection in this field you cannot deselect the radio button.*** You will be forced to restart the form to reset the options to blank. |
| **African American/African/Black**  *Those who identify as being from or descending from the Caribbean or the African continent.* | |  |
| **Middle Eastern/North African**  *Those who identify as being or descending from the Arabian Peninsula, the Middle East or Northern Africa.* | |  |
| **Asian American/Asian**  *Those who identify as being from or descending from East, Southeast Asia, or South Asia.* | |  |
| **Latino/Hispanic**  *Those who identify as being from or descending from Mexico, Central or South America, Cuba, Puerto Rico or other Spanish culture or origin.* | |  |
| **Native American/Alaska Native**  *Those who identify as indigenous peoples of the Americas and Alaska.* | |  |
| **Native Hawaiian/Pacific Islander**  *Those who identify as indigenous peoples from Hawaii OR being from or descending from any of the Pacific Islands including, for example, Guam, Samoa, Tonga and Fiji.* | |  |
| **European American/White (not Hispanic or Latino)**  *Those who identify as being from or descending from Western and Eastern Europe.* | |  |
| **Multiracial/Multiethnic**  *Those who identify as being from two or more racial or ethnic categories.* | |  |
| **Unknown Race/Ethnicity (i.e., you have not collected the information)** | |  |
| **Race/Ethnicity not described by categories above**  *Please enter the number of people who identify as a race/ethnicity not described in the categories above. Use the description box below to specify the race/ethnicity of those counted here.* | |  |
| **Race/Ethnicity Description**  *The race or ethnicity is not described by the categories above. Please describe the actual race or ethnicity in this box.* | |  |
| **Executive Staff Demographics – Gender** | | |
| Please provide the total number of people in your organization's leadership for each demographic category based on **how they publicly identify themselves**. (Leadership is defined as CEO/Executive Director AND other leadership staff.) If your organization does not collect certain information, please select “don’t collect.” If your organization does not wish to report, please select “decline to state.” | | |
| **Please indicate why metrics were not provided.**  Don't Collect  Declined to State | | If you opt to not include the information below, please select one of these options to indicate why.  ***Please note, if you make a selection in this field you cannot deselect the radio button.*** You will be forced to restart the form to reset the options to blank. |
| **Female** | |  |
| **Male** | |  |
| **Transgender** | |  |
| **Gender Non-Conforming** | |  |
| **Unknown Gender (i.e., you have not collected the information)** | |  |
| **Gender not described by categories above**  *Please enter the number of people who identify as a gender not described in the categories above. Use the description box below to specify the gender of those counted here.* | |  |
| **Gender Description**  *If the gender is not described by the categories above, please specify the appropriate gender in this box.* | |  |
| **Executive Staff Demographics - Disability** | | |
| Please provide the number of board members in each demographic category based on **how they publicly identify themselves**. If your organization does not collect certain information, please select “don’t collect.” If your organization does not wish to report, please select “decline to state.” | | |
| **Please indicate why metrics were not provided.**  Don't Collect  Declined to State | | If you opt to not include the information below, please select one of these options to indicate why.  ***Please note, if you make a selection in this field you cannot deselect the radio button.*** You will be forced to restart the form to reset the options to blank. |
| **Living with a disability**  *Cal Wellness understands that disability can be a physical, cognitive, sensory, mental health or other impairment that limits a major life activity.* | |  |
| **Do not identify as living with a disability** | |  |
| **Unknown Disability (i.e., you have not collected the information)** | |  |
| **Disability not described by categories above**  *Please enter the number of people who identify as having a disability that is not described by the categories above. Use the description box below to specify the disability.* | |  |
| Disability Description*If the disability is not described by the categories above, please specify the disability in this box.* | |  |
| **Executive Staff Demographics - Sexual Orientation** | | |
| Please provide the total number of people in your organization's leadership for each demographic category based on **how they publicly identify themselves**. (Leadership is defined as CEO/Executive Director AND other leadership staff.) If your organization does not collect certain information, please select “don’t collect.” If your organization does not wish to report, please select “decline to state.” | | |
| **Please indicate why metrics were not provided.**  Don't Collect  Declined to State | If you opt to not include the information below, please select one of these options to indicate why.  ***Please note, if you make a selection in this field you cannot deselect the radio button.*** You will be forced to restart the form to reset the options to blank. | |
| **Heterosexual or Straight** |  | |
| **Lesbian or Gay** |  | |
| **Bisexual** |  | |
| **Queer** |  | |
| **Questioning** |  | |
| **Unknown Sexual Orientation (i.e., you do not collect this information)** |  | |
| **Sexual Orientation not described in categories above**  *Please enter the number of people who identify as having a sexual orientation that is not described by the categories above. Use the description box below to specify the sexual orientation.* |  | |
| **Sexual Orientation Description**  *If the sexual orientation is not described by the categories above, please specify the sexual orientation in this box.* |  | |

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| **Addressing Diversity, Equity and Inclusion** | |
| **Please reflect on and share your answers to the following questions.** We want to hear what your current thinking/approach is around DEI. Your answers will also allow us to identify barriers that may be sector-wide, which may be addressed through capacity building support for individual organizations or a cohort. | |
| **What is your organization doing to address diversity, equity and inclusion in its leadership at both the board and staff levels?** |  |
| **If your organization is not currently addressing diversity, equity and inclusion at the board and staff levels, what are the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so?** |  |

**Feedback Section**

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| **Suggestions** | |
| **We want to hear from you and strive to improve. Let us know what you would change and provide any additional comments.  Please type "N/A" if you have no suggestions.** |  |

When you are satisfied with your responses, click the Submit button at the bottom of the page.

