

2025 Mental Health Service Expansion and Workforce Development Grant

San Diego Foundation

Applicant Information

Tax-Exempt Status*

Is your organization a nonprofit with 501(c)3 public charity (or equivalent) tax-exempt status (or eligible fiscal sponsor)?

Choices

Yes
No

Tax ID (EIN) Number*

This number will be used to confirm that your organization is a nonprofit with 501(c)3 public charity status. Only nonprofit organizations with 501(c)3 public charity (or equivalent) tax-exempt status (or eligible fiscal sponsor) are eligible to apply for this grant.

If you do not have an EIN, please enter "N/A."

Character Limit: 15

Organization Mailing Address*

Street Address, City, State, Zip Code
(Example: 2508 Historic Decatur Rd #200, San Diego, CA 92106)

Character Limit: 250

Fiscal Sponsor*

Does your organization have a fiscal sponsor?

Choices

Yes
No

Fiscal Sponsor Information

Fiscal Sponsor Organization Name*

Character Limit: 250

Fiscal Sponsor Contact First Name*

Character Limit: 50

Fiscal Sponsor Contact Last Name*

Character Limit: 50

Fiscal Sponsor Contact Title*

Character Limit: 50

Fiscal Sponsor Contact Email*

Character Limit: 50

Fiscal Sponsor Address*

Street Address, City, State, Zip Code

(Example: 2508 Historic Decatur Rd #200, San Diego, CA 92106)

Character Limit: 250

Fiscal Sponsor Telephone Number*

Character Limit: 15

Fiscal Sponsor Tax ID (EIN) Number*

Character Limit: 20

Key Program Contact

Key Program Contact: Prefix

Character Limit: 5

Key Program Contact: First Name*

Character Limit: 50

Key Program Contact: Last Name*

Character Limit: 50

Key Program Contact: Title*

Character Limit: 50

Key Program Contact: Email*

Character Limit: 50

Key Program Contact: Phone Number*

Character Limit: 15

Authorized Signatory Contact

Authorized Signatory: Prefix

Character Limit: 5

Authorized Signatory: First Name*

Character Limit: 50

Authorized Signatory: Last Name*

Character Limit: 50

Authorized Signatory: Title*

Character Limit: 50

Authorized Signatory: Email*

Character Limit: 50

Authorized Signatory: Phone Number*

Character Limit: 15

Program Overview

Lead Strategy

Select a lead strategy that your proposal will focus on below. Applicants providing both early relational/mental health services AND internships/stipend-supported mental health career pathways are eligible to apply to both categories.

Mental/Behavioral and Early Relational Health Services*

Choices

- Preventive programs
- Supportive interventions
- Mental/behavioral health support and treatment
- Not applicable

Mental/Behavioral Health Workforce Development*

Choices

- Mental/behavioral health workforce stipends
- Not applicable

Program/Project Name*

Character Limit: 250

Quick Pitch*

Please provide a succinct description of your proposed program's purpose in no more than two sentences. This language may be used both as the program description for internal evaluation and publicly if the grant is awarded.

Character Limit: 250

Program Overview*

Please provide a summary of the proposed program/project.

Character Limit: 1500

*Mental/Behavioral and Early Relational Health Services
Program Info*

Total Amount (\$) Requested for the Program/Project (up to \$50,000)*

Character Limit: 20

Region(s) Served*

Check all that apply.

Choices

- All of San Diego
- Central San Diego County
- East San Diego County
- North Central San Diego
- North Coastal San Diego
- North Inland San Diego
- South San Diego County

Anticipated Number of Individuals Served Through the Proposed Program/Project

Please share the number of unduplicated individuals you anticipate serving through your proposed program/project using the categories listed below. Enter "0" in the categories that your program/project does not intend to serve.

Example: Children Ages 0-5	50
Children Ages 0-5	
Children Ages 6-12	

Children Ages 13-17	
Ages 18+	
Parents, Guardians, and/or Caregivers	
TOTAL Anticipated Individuals Served	

Lead Strategy Alignment*

Please describe how your proposed program/project will address the goal of the grant as stated in the Grant Guidelines. How does it align with the Lead Strategy you selected above?

Character Limit: 1500

Population Served*

Please describe in detail the population served by this program/project. All applicants are encouraged to support low-to-moderate-income families, populations that are historically underrepresented, and those negatively impacted by harmful social determinants of health.

Character Limit: 1500

Summary of Expected Outcomes

Referencing the information you shared in your application thus far, please create at least 3 expected goals/outcomes in the boxes below. Please use the SMART framework: Specific, Measurable, Attainable, Realistic, and Time-Specific.

(These objectives will form the basis of the grant agreement and grant reporting. Outcomes should be clear enough that you can report on progress towards these quantitative metrics. This section does not need any rationale, simply your outcomes.)

SMART Goal #1*

Character Limit: 250

SMART Goal #2*

Character Limit: 250

SMART Goal #3*

Character Limit: 250

SMART Goal #4 (optional)

Character Limit: 250

SMART Goal #5 (optional)

Character Limit: 250

Use of Funds*

If granted, please share how grant funds will be used and how it might help fill a gap.

Character Limit: 1500

Mental/Behavioral Health Workforce Development Program Information

Total Amount (\$) Requested for the Program/Project (up to \$75,000)*

Character Limit: 20

Region(s) Served*

Check all that apply.

Choices

- All of San Diego
- Central San Diego County
- East San Diego County
- North Central San Diego
- North Coastal San Diego
- North Inland San Diego
- South San Diego County

Anticipated Number of Individuals Served Exclusively Through the Proposed Program

Character Limit: 5

Lead Strategy Alignment*

Please describe how your proposed program/project will address the goal of the grant as stated in the Grant Guidelines. How does it align with the Lead Strategy you selected above? Indicate whether you plan to work with those in high school, associates, bachelors, masters, and/or doctorate programs.

Character Limit: 1500

Increasing Opportunity for Underrepresented Individuals*

How does your program increase the number of underrepresented individuals in the mental/behavioral health career pipeline by providing opportunities for stipend-supported internships? Articulate a strategy for outreach and engagement of Black, Indigenous, people of color, LGBTQ+ and/or other historically underrepresented students/professionals.

Character Limit: 1500

Internship Placement*

Stipends are intended to increase opportunities for historically underrepresented individuals through internships that move them into mental/behavioral health career pathways.

Please explain how this program provides one or more of these opportunities. What setting will internships be offered (e.g. community-based, private, hospital, etc.)? Will internships be on-site or with a partner organization? Please provide names of external partners where possible.

Character Limit: 1500

Internship Activities*

Internships are intended to provide experience in the mental/behavioral health fields that lead to career opportunity pathways. This program aims to support hands-on experience in the form of internship placement within direct service provider organizations.

What types of activities will be completed during the internship? Please provide examples of the projects, learning experiences, and other activities that will constitute the internship.

Character Limit: 1500

Summary of Expected Outcomes

Referencing the information you shared in your application thus far, please create at least 3 expected goals/outcomes in the boxes below. Please use the SMART framework: Specific, Measurable, Attainable, Realistic, and Time-Specific.

(These objectives will form the basis of the grant agreement and grant reporting. Outcomes should be clear enough that you can report on progress towards these quantitative metrics. This section does not need any rationale, simply your outcomes.)

SMART Goal #1*

Character Limit: 250

SMART Goal #2*

Character Limit: 250

SMART Goal #3*

Character Limit: 250

SMART Goal #4 (optional)

Character Limit: 250

SMART Goal #5 (optional)

Character Limit: 250

Payment Processing*

We seek to fund well-established programs that will utilize these funds for stipends which directly support students/professionals. Grantees will be expected to provide at least 80% of funding as stipends that are paid directly to students and up to 20% for program operational costs and/or supplies. This funding is not intended to support scholarships or tuition coverage. Is your organization able to fulfill this requirement?

Choices

Yes

No

Organizational Strength, Leadership and Diversity

Organization Mission Statement*

List your organization's mission and/or vision statement.

Character Limit: 1500

Organizational Strength, Capacity and Past Performance*

Please describe your organization's strengths and how your organization has accomplished relevant work in the past. Share any reflections on challenges and lessons learned and how you will modify/adjust to strengthen your program.

Character Limit: 1500

Organizational Key Personnel*

List key personnel (name and title) within the organization that will be involved in the proposed program/project and define their role and responsibilities in one brief statement per individual.

Character Limit: 1500

Diversity, Equity and Inclusion*

How does the leadership of your organization, including key staff implementing this program, reflect the community or constituency you are serving? Please share insights into any diversity, equity and inclusion efforts your organization is taking.

Character Limit: 1500

Supplemental Questions (Optional)

These questions are optional and will not be included in any decision-making during the review of your application.

Recognizing the valuable knowledge and insight service providers gain from their work, San Diego Foundation continuously strives to learn from our grantees.

Permission to Share Application

Do you give permission to San Diego Foundation to share details of your application with other philanthropists?

Choices

Yes

No

What are the three most critical issues impacting your sector?

Character Limit: 500

What are three top opportunities you see for your organization to expand your work and impact?

Character Limit: 500

Trauma-Informed Care Code of Conduct

San Diego Foundation is committed to promoting trauma-informed approaches to supporting our community. We encourage your consideration of the principles outlined in the Trauma-Informed Care Code of Conduct.

Do you agree to consider the adoption of the principles outlined in the Trauma-Informed Code of Conduct?

Choices

Yes

No