



## Letter of Interest Worksheet

**We recognize that your time is valuable and your plates are full, so please make sure to review our website to see the latest updates on [What We Fund](#).**

**We are temporarily pausing LOIs for the Community Well-being portfolio and the Leading for Power and Change portfolio's "Mobilizing Movements and Power Building" and "Reimagining Social Justice" goals. Thank you.**

### 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 form.

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. The right-side column contains additional instructions and space to draft your responses. You may copy and paste the information prepared in this template into the online form. ***If you still have questions, please call and ask for Grants Management - (818) 702-1900 – or send an email to [grants\(at\)calwellness.org](mailto: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 with a response to your request. Unfortunately, we must decline many more letters than we move forward proposal invitation. You will have an opportunity to speak with the person who reviewed your LOI for more information behind our decision.

Tips for using the 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 (\*).
- In the online form, 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.



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

Primary Contact for this Request	
<i>This contact will receive all correspondence related to this request.</i>	
<b>Prefix*</b>	Use the dropdown menu to select a prefix. <div> Please select...  Dr.  Gov  Justice  Miss  Mr.  Mrs.  Ms.  Mx.  Professor  Rabbi  Reverend  The Honorable </div>
<b>First Name*</b>	
<b>Last Name*</b>	
<b>Title*</b>	

<b>Primary Contact Address</b> <input type="radio"/> Different than organization address <input type="radio"/> Same as organization address	If the Primary Contact's Address is the same as the organization address you included above, click "Same as organization address." Go to next section.  If you select "Different than organization address," then a set of fields will appear to allow you to enter the primary contact's address.
<b>Address Line 1 / Line 2</b>	For State, use the dropdown menu to select the state.
<b>City</b>	
<b>State</b>	
<b>Postal Code</b>	
<b>Phone</b>	Use the format: ###-###-####
<b>Email*</b>	

## ORGANIZATION BACKGROUND

About the Applicant Organization (All responses should refer to the organization doing the work)	
<b>Date Organization Established</b> <i>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.</i>	
<b>Mission Statement (100 words or less)</b>	<i>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.</i>

Organization Financial Information (All responses should refer to the organization doing the work)	
<b>Current Fiscal Year</b> <i>Using the drop-down menu, select your organization's current fiscal year. If your fiscal year spans over two years, select the end year.</i>	Use the dropdown menu to select your current fiscal year.  Choices: 2023 2024 2025

<b>Current Fiscal Year Operating Budget</b> <i>Please use whole dollars.</i>	\$
---	----

<b>Fiscal Sponsorship</b>	
<b>Is the organization using a fiscal sponsor for this request? *</b>	Yes – If yes, skip to next section. No – Provide Org's EIN below
<b>Organization's Employer Identification Number (EIN) *</b>	

<b>Fiscal Sponsorship – complete this section if you are using a fiscal sponsor</b>	
<b>Fiscal Sponsor Name*</b>	
<b>Fiscal Sponsor Employer Identification Number (EIN) *</b>	
<b>Fiscal Sponsor Current Fiscal Year</b>	Using the drop-down menu, select the fiscal sponsor's current fiscal year. If the fiscal year spans over two years, select the end year.  2023 2024 2025
<b>Fiscal Sponsor Current Year Operating Budget (\$)</b>	
<b>Address Line 1 / Line 2*</b>	
<b>City*</b>	
<b>State*</b>	
<b>Postal Code*</b>	
<b>Fiscal Sponsorship Agreement*</b>	You will need to upload the fiscal sponsorship agreement here in the online form.

### Request Details

<b>Request Information</b>		
<b>Amount Requested*</b> <i>Please use whole dollars.</i>	<i>Enter in whole dollars the amount you are requesting.</i>	\$
<b>Duration of Requested Grant Period*</b> <i>Please use months up to a maximum of 36 months.</i>		

<b>Brief Summary of Request*</b> <i>Please limit to one sentence up to 25 words.</i>	
---	--

### Portfolio Selection

Select one of the specific priority areas that best reflects your request. Refer to [Calwellness.org/what-we-fund](http://Calwellness.org/what-we-fund) for descriptions. If you are unsure of which portfolio to select, choose Other/Unsure.

<b>Portfolio *</b>	Use the dropdown menu to make a selection.	Choices available from dropdown menu: <ul style="list-style-type: none"> <li>Community Well-being</li> <li>Equity in Access</li> <li>Economic Security &amp; Dignity</li> <li>Leading for Power &amp; Change</li> <li>Other/Unsure</li> </ul>
--------------------	--	---

### Goal Selection

Select one grantmaking goal that best reflects your request as your primary goal selection. Refer to [CalWellness.org](http://CalWellness.org) for descriptions. If you think your request could fall under more than one of our goals, select a secondary goal. (Selecting a secondary goal is not required.) The goal selections are limited based on the Portfolio selected above (i.e. if you select Community Well-being, only Community Well-being's goals will be available options). Use the dropdown menu to make a selection. The options are presented in the table below.

### Goal Specific Questions

Please answer each question to help you determine if your request is a good fit with our funding priorities. Each portfolio has its own set of related goal specific questions. Use the dropdown menu to make a selection. The options are presented in the table below.

### Portfolio Goals & Specific Questions

Portfolio:	Goal Selection:	Goal Specific Questions – please answer Y/N
<b style="color: red;">We recognize that your time is valuable and your plates are full. We have received more letters of interest (LOIs) than we can accommodate in our Community Well-being portfolio this year. In recognition of the time spent drafting</b>	Community Environments	Q1. Does your organization engage in advocacy and organizing led by communities that have been historically and disproportionately impacted by systemic disinvestment?  Q2. Does your organization focus on the equitable distribution of public resources to support the creation/implementation of healthy land use and built environment policies?
	Youth Justice	Q1. Does your organization engage in advocacy and organizing led by system impacted youth?

and submitting LOIs, we are temporarily pausing LOIs for the Community Well-being portfolio. Thank you.		Q2. Does your organization focus on increasing understanding, support and demand for youth justice system transformation and strengthen mechanisms of accountability and oversight?
Equity in Access	System Transformation	<p>Q1. Does your organization work on developing, implementing or spreading an innovative model or way of delivering services to more fully address individuals' health and social needs?</p> <p>Q2. Does your organization work on policy, advocacy, communications, or research efforts to achieve system-level change or transformation in the health care delivery or public health systems to better address social determinants of health?</p>
	Universal Coverage and Access to Care	<p>Q1. Does your organization:</p> <ol style="list-style-type: none"> <li>1. Engage in policy, advocacy, communications, community organizing, or research efforts to improve or expand publicly funded health coverage programs (such as Medi-Cal or Covered California) or to increase access to health care services in other ways; or</li> <li>2. Provide outreach, enrollment, retention, navigation or retention services for low-income individuals who are eligible for, or enrolled in, publicly funded health coverage programs?</li> </ol> <p>Q2. Is your organization a community health center or clinic that provides primary health care services and/or dental care to low-income individuals?</p>
Economic Security & Dignity	Economic Mobility and Wealth Creation	<p>Q1. Does your effort address access to quality jobs through workforce development targeting formerly incarcerated women &amp; men, immigrants &amp; refugees, and/or low-income people of color? Your approach can be direct services to support individuals and/or change at the policy or systems level.</p> <p>Q2. Does your effort address access to quality jobs through support for the small business sector targeting persons of color, immigrants &amp; refugees, and/or low-income individuals? Your approach can be direct services to support individuals and/or at change at the policy or systems level.</p>
	Economic Safety Net	Q1. Does your effort engage in change at the policy or systems level to address strengthening income security

		(e.g., earned income tax credits, child tax credits, retirement benefits, expanding eligibility, etc.) OR advancing economic fairness (e.g., strengthening the minimum/living wage, improving workforce policies, etc.)? This can include direct services efforts to implement new/emerging public policies (e.g., expanded eligibility for undocumented immigrants) but not those that are about existing policies.
	Post Secondary Education & Health Professions Training	<p>Q1. Does your effort address pathways into and through postsecondary education targeting youth who are systems-involved (juvenile justice and/or foster care) and/or experiencing housing insecurity? Your approach can be direct services to support individuals and/or change at the policy or systems level.</p> <p>Q2. Does your effort address pathways into and through medical school focusing on increasing the number of racial minorities in medical school who are underrepresented in medicine? Your approach can be direct services to support individuals and/or change at the policy or systems level.</p>
Leading for Power & Change	Equity in the Nonprofit Sector	Q1. Do your efforts: 1) increase the recruitment, development and retention of non-profit leaders of color in the social justice movement; 2) include partnering with organizations led by and centered on communities of color to strengthen their organizational infrastructure and capacity to advance the movement for racial justice; and/or 3) evolve philanthropy's policies and practices that have historically excluded communities of color from sustainable philanthropic investments and leadership within philanthropic institutions?
Other/Unsure	N/A	N/A

***If you answered no to both questions, your effort is likely not competitive for funding under this Goal.***

#### **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.

If you select "Specific Regions of California," you will be asked to indicate which regions and if you choose to, you can select specific counties within those regions.

### **Please select the relevant geographic focus for this 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 then it is not selected in the form.

Selections include:

- Nationwide
- Statewide
- Specific Regions in California

**If you select "Specific Regions in California" a region list will display. Select the desired regions in the same way as indicated in the instructions to the left.**

**For each region selected, a box will pop up allowing you to select specific counties within that region.**

Region	County list
Bay Area	Alameda County, Contra Costa County, Marin County, Napa County, San Francisco County, San Mateo County, Santa Clara County, Solano County, Sonoma County
Central Coast	Monterey County, San Benito County, San Luis Obispo County, Santa Barbara County, Santa Cruz County, Ventura County



Greater Los Angeles	Los Angeles County
Greater Sierra	Alpine County, Amador County, Calaveras County, El Dorado County, Inyo County, Mariposa County, Mono County, Nevada County, Placer County, Sierra County, Tuolumne County
Inland Area and Imperial	Imperial County, Riverside County, San Bernardino County
Northern California	Del Norte County, Humboldt County, Lake County, Lassen County, Mendocino County, Modoc County, Plumas County, Siskiyou County, Trinity County
Sacramento Valley	Butte County, Colusa County, Glenn County, Sacramento County, Shasta County, Sutter County, Tehama County, Yolo County, Yuba County
San Joaquin Valley	Fresno County, Kern County, Kings County, Madera County, Merced County, San Joaquin County, Stanislaus County, Tulare County
South Coast	Orange County, San Diego County

  

**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.**

<b>Request Narrative*</b> <input type="button" value="Choose File"/>	Click on the Choose File button and follow the prompts to complete the file upload.
---	---

## **Board & Executive Staff 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 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 has a **fiscal sponsor**, please only provide demographic data on the **advisory board** and **executive staff** for **your organization or program**, not for the fiscal sponsor. 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

<b>Board – Total Members</b>	
<b>Total Number of Board Members</b> <i>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.</i>	
<b>Board Demographics – Race/Ethnicity</b>	
Please provide the number of board members in each demographic category based on <b>how they publicly identify themselves</b> . 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.”	
<b>Do you have Ethnicity Demographics to Share? *</b>	<b>Choices Available:</b> Yes – provide numbers in section below No – Answer question about why metrics were not provided
<b>Please indicate why metrics were not provided.</b> <input type="radio"/> Don't Collect <input type="radio"/> Decline to State	<b>Please note, if you make a selection in this field you cannot deselect the radio button.</b>
<b>African American/African/Black</b> <i>Those who identify as being from or descending from the Caribbean or the African continent.</i>	

<b>Asian American/Asian</b> <i>Those who identify as being from or descending from East, Southeast Asia, or South Asia.</i>	
<b>European American/White (not Hispanic or Latino)</b> <i>Those who identify as being from or descending from Western and Eastern Europe.</i>	
<b>Native Hawaiian/Pacific Islander</b> <i>Those who identify as being from or descending from any of the Pacific Islands including, for example, Guam, Samoa, Tonga, Fiji and Hawaii.</i>	
<b>Latino/Latina/Latinx/Hispanic</b> <i>Those who identify as being from or descending from Mexico, Central or South America, Cuba, Puerto Rico or other Spanish culture or origin.</i>	
<b>Middle Eastern/North African</b> <i>Those who identify as being or descending from the Arabian Peninsula, the Middle East or Northern Africa.</i>	
<b>Native American/Alaska Native/Indigenous People</b> <i>Those who identify as indigenous peoples of the Americas and Alaska.</i>	
<b>Multiracial/Multiethnic</b> <i>Those who identify as being from two or more racial or ethnic categories.</i>	
<b>Unknown Race/Ethnicity / Declined to State</b> <i>Those who have not explicitly stated or declined to state their race/ethnicity.</i>	
<b>Specify Race/Ethnicity, if not described</b> <i>Those who have identified as a race/ethnicity outside of the limited options presented here and have specified their race/ethnicity. Please enter a preferred description to specify the particular race/ethnicity here. Use the box below to identify the number of people who identify as the race/ethnicity described here.</i>	
<b>Specified Race/Ethnicity not described by categories</b> <i>Please enter the number of people who identify as the specified race/ethnicity from above.</i>	
<b>Board Demographics – Gender</b>	
Please provide the number of board members in each demographic category based on <b>how they publicly identify themselves</b> . 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.”	
<b>Please indicate why metrics were not provided.</b> <input type="radio"/> Don't Collect <input type="radio"/> Decline to State	If you opt to not include the information below, please select one of these options to indicate why.
<b>Board Demographics – Gender Expression</b>	
<b>Female</b>	

<i>Those who identify as female.</i>	
<b>Male</b> <i>Those who identify as male.</i>	
<b>Non Binary / non-binary (including Two-Spirit, gender queer, gender expansive and other gender identities outside the traditional gender binary)</b> <i>Those who identify as having gender identity which falls outside the traditional gender binary of male or female.</i>	
<b>Unknown Gender / Declined to state</b> <i>Those who have not explicitly stated or declined to state their gender expression.</i>	
<b>Specify Gender Expression, if not described</b> <i>Those who identify as a gender expression outside of the limited options presented here and have specified their gender expression. Please enter a preferred description to specify the particular gender expression. Use the box below to identify the number of people who identify as that gender expression.</i>	
<b>Specified Gender Expression not described by categories</b> <i>Please enter the number of people who identify as the specified gender expression from above.</i>	
<b>Board Demographics – Gender Identity</b>	
<b>Transgender</b> <i>Those who identify as having a gender identity that differs from the sex assigned to them at birth.</i>	
<b>Cisgender</b> <i>Those who identify as having a gender identity that matches the sex assigned to them at birth.</i>	
<b>Unknown Gender Identity / Declined to state</b> <i>Those who have not explicitly stated or declined to state their gender identity.</i>	
<b>Specify Gender Identity, if not described</b> <i>Those who identify as a gender identity outside of the limited options presented here and have specified their gender identity. Please enter a preferred description to specify the particular gender identity. Use the box below to identify the number of people who identify as that gender identity.</i>	
<b>Specified Gender Identity not described by categories</b> <i>Please enter the number of people who identify as the specified gender identity from above.</i>	
<b>Board Demographics - Disability</b>	
Please provide the number of board members in each demographic category based on <b>how they publicly identify themselves</b> . 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.”	

<b>Please indicate why metrics were not provided.</b> <input type="radio"/> Don't Collect <input type="radio"/> Declined to State	If you opt to not include the information below, please select one of these options to indicate why.
<b>Person with a disability or disabled person</b> <i>Those who identify as having a disability (preferring people-first language) or identify as being a disabled person (preferring identity-first language).</i>	
<b>Person without a disability</b> <i>Those who do not identify as having a disability or being a disabled person.</i>	
<b>Unknown Disability / Declined to State</b> <i>Those who have not explicitly stated or declined to state their identity with respect to disability.</i>	
<b>Board Demographics - Sexual Orientation</b>	
Please provide the number of board members in each demographic category based on <b>how they publicly identify themselves</b> . 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."	
<b>Please indicate why metrics were not provided.</b> <input type="radio"/> Don't Collect <input type="radio"/> Decline to State	If you opt to not include the information below, please select one of these options to indicate why.
<b>LGBTQIA+</b> <i>Those who identify as lesbian, gay, bisexual or another sexual orientation within the LGBTQIA+ community.</i>	
<b>Heterosexual</b> <i>Those who identify as heterosexual or straight.</i>	
<b>Unknown Sexual Orientation / Declined to State</b> <i>Those who have not explicitly stated or declined to state their sexual orientation.</i>	
<b>Specify Sexual Orientation, if not described</b> <i>Those who identify as having a sexual orientation outside of the limited options presented here and have specified their sexual orientation. Please enter a preferred description to specify the sexual orientation.</i>	
<b>Sexual Orientation not described by categories</b> <i>Please enter the number of people who identify as the specified sexual orientation from above.</i>	

### Executive Staff Demographics

**Executive Staff – Total Number**

<b>Total Number of Executive Staff</b> <i>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.</i>	
<b>Executive Staff Demographics – Race/Ethnicity</b>	
Please provide the total number of people in your organization's leadership for each demographic category based on <b>how they publicly identify themselves</b> . (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.”	
<b>Please indicate why metrics were not provided.</b> <input type="radio"/> Don't Collect <input type="radio"/> Decline to State	If you opt to not include the information below, please select one of these options to indicate why.
<b>African American/African/Black</b> <i>Those who identify as being from or descending from the Caribbean or the African continent.</i>	
<b>Asian American/Asian</b> <i>Those who identify as being from or descending from East, Southeast Asia, or South Asia.</i>	
<b>European American/White (not Hispanic or Latino)</b> <i>Those who identify as being from or descending from Western and Eastern Europe.</i>	
<b>Native Hawaiian/Pacific Islander</b> <i>Those who identify as being from or descending from any of the Pacific Islands including, for example, Guam, Samoa, Tonga, Fiji and Hawaii.</i>	
<b>Latino/Latina/Latinx/Hispanic</b> <i>Those who identify as being from or descending from Mexico, Central or South America, Cuba, Puerto Rico or other Spanish culture or origin.</i>	
<b>Middle Eastern/North African</b> <i>Those who identify as being or descending from the Arabian Peninsula, the Middle East or Northern Africa.</i>	
<b>Native American/Alaska Native/Indigenous People</b> <i>Those who identify as indigenous peoples of the Americas and Alaska.</i>	
<b>Multiracial/Multiethnic</b> <i>Those who identify as being from two or more racial or ethnic categories.</i>	
<b>Unknown Race/Ethnicity / Declined to State</b> <i>Those who have not explicitly stated or declined to state their race/ethnicity.</i>	
<b>Specify Race/Ethnicity, if not described</b>	

<i>Those who have identified as a race/ethnicity outside of the limited options presented here and have specified their race/ethnicity. Please enter a preferred description to specify the particular race/ethnicity here. Use the box below to identify the number of people who identify as the race/ethnicity described here.</i>	
<b>Specified Race/Ethnicity not described by categories</b> <i>Please enter the number of people who identify as the specified race/ethnicity from above.</i>	
<b>Executive Staff Demographics – Gender Expression</b>	
Please provide the total number of people in your organization's leadership for each demographic category based on <b>how they publicly identify themselves</b> . (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."	
<b>Please indicate why metrics were not provided.</b> <input type="radio"/> Don't Collect <input type="radio"/> Decline to State	If you opt to not include the information below, please select one of these options to indicate why.
<b>Female</b> <i>Those who identify as female.</i>	
<b>Male</b> <i>Those who identify as male.</i>	
<b>Non Binary / non-binary (including Two-Spirit, gender queer, gender expansive and other gender identities outside the traditional gender binary)</b> <i>Those who identify as having gender identity which falls outside the traditional gender binary of male or female.</i>	
<b>Unknown Gender / Declined to state</b> <i>Those who have not explicitly stated or declined to state their gender expression.</i>	
<b>Specify Gender Expression, if not described</b> <i>Those who identify as a gender expression outside of the limited options presented here and have specified their gender expression. Please enter a preferred description to specify the particular gender expression. Use the box below to identify the number of people who identify as that gender expression.</i>	
<b>Specified Gender Expression not described by categories</b> <i>Please enter the number of people who identify as the specified gender expression from above.</i>	
<b>Executive Staff Demographics – Gender Identity</b>	
<b>Transgender</b> <i>Those who identify as having a gender identity that differs from the sex assigned to them at birth.</i>	
<b>Cisgender</b> <i>Those who identify as having a gender identity that matches the sex assigned to them at birth.</i>	



<b>Unknown Gender Identity / Declined to state</b> <i>Those who have not explicitly stated or declined to state their gender identity.</i>	
<b>Specify Gender Identity, if not described</b> <i>Those who identify as a gender identity outside of the limited options presented here and have specified their gender identity. Please enter a preferred description to specify the particular gender identity. Use the box below to identify the number of people who identify as that gender identity.</i>	
<b>Specified Gender Identity not described by categories</b> <i>Please enter the number of people who identify as the specified gender identity from above.</i>	
<b>Executive Staff Demographics - Disability</b>	
Please provide the number of board members in each demographic category based on <b>how they publicly identify themselves</b> . 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.”	
<b>Please indicate why metrics were not provided.</b> <input type="radio"/> Don't Collect <input type="radio"/> Decline to State	If you opt to not include the information below, please select one of these options to indicate why.
<b>Person with a disability or disabled person</b> <i>Those who identify as having a disability (preferring people-first language) or identify as being a disabled person (preferring identity-first language).</i>	
<b>Person without a disability</b> <i>Those who do not identify as having a disability or being a disabled person.</i>	
<b>Unknown Disability / Declined to State</b> <i>Those who have not explicitly stated or declined to state their identity with respect to disability.</i>	
<b>Executive Staff Demographics - Sexual Orientation</b>	
Please provide the total number of people in your organization's leadership for each demographic category based on <b>how they publicly identify themselves</b> . (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.”	
<b>Please indicate why metrics were not provided.</b> <input type="radio"/> Don't Collect <input type="radio"/> Decline to State	If you opt to not include the information below, please select one of these options to indicate why.
<b>LGBTQIA+</b> <i>Those who identify as lesbian, gay, bisexual or another sexual orientation within the LGBTQIA+ community.</i>	
<b>Heterosexual</b> <i>Those who identify as heterosexual or straight.</i>	
<b>Unknown Sexual Orientation / Declined to State</b> <i>Those who have not explicitly stated or declined to state their sexual orientation.</i>	
<b>Specify Sexual Orientation, if not described</b>	



*Those who identify as having a sexual orientation outside of the limited options presented here and have specified their sexual orientation. Please enter a preferred description to specify the sexual orientation.*

**Sexual Orientation not described by categories**

*Please enter the number of people who identify as the specified sexual orientation from above.*

**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**

**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.

Submit