

Seattle Mariners 2022 Community Impact Grants

Positive Health Outcomes Grant Application

The Community Impact Grants were launched in 2020 as part of the Seattle Mariners commitments to advance racial equity and social justice, investing in programs and organizations addressing the causes of racial, social, and economic inequity. Through the Community Impact Grants, the Seattle Mariners Care Foundation seeks to help communities across Washington and Oregon, increase positive health outcomes for youth and accelerate equitable outcomes for Black, Indigenous, and People of Color (BIPOC) communities.

Baseball, softball, and other forms of physical activity have many benefits for young people. In addition to building healthier bodies, being physically active helps relieve stress, boost self-confidence, and combat depression. But not all young people can reap these benefits. Race and income often determine who has access to sports and the hardships of the COVID-19 pandemic made these disparities worse. As we emerge from the pandemic, the Mariners want to ensure that all young people can realize the many rewards of physical activity, in particular the benefits to their mental health.

The Mariners seek applications from organizations, partnerships and coalitions working to increase opportunities for young people, especially BIPOC youth, to realize the many rewards of physical activity, including the benefits to their mental health. The Mariners are also interested in efforts that grow organizational or sector understanding of the connection between physical activity and mental health.

Priority will be given to organizations led by and primarily serving BIPOC communities.

Preference will be given to applications that address systemic change through efforts that include research, advocacy, and related efforts. Requests for programs that provide direct service without a focus on systemic change will be accepted and thoroughly considered as a secondary priority.

Note for Fiscal Sponsors: Fiscal sponsors are responsible for completing Steps 1-5 and Step 8 of the application and submitting the application. Any grant award will be made to the fiscal sponsor.

Organization Information

Organization Name Address Federal Tax ID (EIN) Year Established National Taxonomy of Exempt Entities (NTEE)Code

Mission Statement: Principal Individuals and Board Members:

Contact Information

Primary Contact: First Name, Last Name, E-mail Address, Primary Phone, Title/Relationship to Organization

Organization Information

Project Title Project Start Date Requested Amount Additional Relevant Organization Contacts Website and Social Media: Please include your organization's website and social media handles

Operating Budget: What is your organization's actual operating budget for the last fiscal year? Please respond by selecting from the list of budget range options below.

- \$0 \$49,999
- \$50,000 \$99,999
- \$100,000 \$149,000
- \$150,000 \$299,999
- \$300,000 \$599,999
- \$600,000 \$999,999
- \$1,000,000 \$2,999,999
- \$3,000,000+

Financial Statements: Attach your most recent financial statements, including your operating budget for the current year and if available, any audited financial statements.

If possible, please combine into a single document. If this is not possible, please upload any additional files using the 'Attachments' field on the final page of this form.

Primary Sources of Revenue: Provide the percentage of revenue from each source for the most recently completed fiscal year. (Example: 55% program revenue, 25% grants, 15% individual donations, 5% other) Please ensure that all percentages total to 100%.

Top Donors: Identify your organization's top 5 donors and their donation amount for the most recently completed fiscal year.

How many paid staff does your organization have?

How many unpaid volunteers does your organization engage in a year?

Diversity and Inclusion

In order to fulfill the Seattle Mariners commitments to support racial equity and social justice, preference will be given to organizations who primarily support under-resourced Black, Indigenous,

People of Color (BIPOC) communities and have staff and leadership that reflect the communities they serve.

Please complete the grid below with percentages to help us understand the demographics of your organization leadership, staff, and board.

| | Staff % | Leadership Positions % | Board % |
|--|---------|------------------------|---------|
| Gender | | | |
| Women | | | |
| Men | | | |
| Transgender | | | |
| Gender Non-conforming/Non-Binary | | | |
| Decline to State | | | |
| Race and Ethnicity | | | |
| African American/African/Black | | | |
| American Indian/Alaskan Native | | | |
| Arab American/Middle Eastern/North African | | | |
| Asian/Asian American | | | |
| European American/ White | | | |
| Hispanic/Latino or Latina | | | |
| Native Hawaiian/Pacific Islander | | | |
| A Race/Ethnicity Not Listed | | | |
| More than one Race/Ethnicity | | | |
| Unknown / Decline to State | | | |

Individuals or Organizations? Does your organization primarily serve individuals or other organizations?

- Individuals
- Organizations
- Both

What is the total number of organizations your organization serves on an annual basis?

What is the total number of individuals your organization serves on an annual basis?

Request Details

Seattle Mariners Community Impact Grants

The Mariners Care Foundation uses our unique voice, trusted partnerships, and the inspirational power of baseball to ensure that everyone in our region can thrive.

Through Community Impact Grants, Seattle Mariners Care Foundation will invest in organizations, programs and partnerships focused on driving long-term, systemic change efforts that lead to positive health outcomes for youth and accelerate equitable outcomes for BIPOC communities.

Program Description: Provide a description of your program, including detail on the need in your community and how your efforts support positive mental health outcomes for BIPOC youth by increasing opportunities for young people, ages 5-18, to be physically active. If your program increases opportunities to play baseball and softball, please describe. (2,000-character limit)

Describe how your efforts will directly or indirectly create access, remove barriers, and create a culture of inclusion for youth to participate in physical activity. (2,000-character limit)

How will a Seattle Mariners Community Impact grant help you reach your goals? (2,000-character limit)

Racial Equity and Social Justice: Describe how your organization and this program will support and work to increase racial equity and social justice in your local community. (2,000-character limit)

Program Outcome: Describe the key outcomes you expect to achieve and how you will track your progress.

New or existing program. Is the proposed program new or existing? If it is a new program, describe the need for the program in the community. If it is an existing program, describe the results of previous sessions.

Key partnerships: Provide a list of key partners that provide support for or assistance with this program and a brief description of their support (nonprofit, government, corporate, individuals).

Program Budget: Attach your program budget. Please note, the preference is for Community Impact Grants to comprise no more than 50% of the organization budget.

Program Budget: Provide any additional details or clarification on your program budget.

Timeline: Provide a high-level timeline for your program.

Program Location: Provide a list of cities and counties where your program will operate.

Communication and Marketing: Describe how you promote your organization and programs within the community. Include details relevant to this specific program, such as participant recruitment, awareness of resources, etc.

Fiscal Sponsor

Is this application submitted by a fiscal sponsor?

If yes, please answer the following: Name of anticipated sponsored program: Is the anticipated sponsored program formed as a legal entity? If yes, provide its federal identification number (EIN):

Program Measurement

Answer the following metrics based on the projected participants in the funded program. You may input 0 for any metrics that do not apply to your program. If your grant is funded, we will request an update to these metric estimates in a final report.

Total number of youth participants

Age of youth: Provide the % of youth participants in each age range.

- 0-5
- 5-10
- 11-14
- 15-18
- 18+

Demographics of Participants: In order to fulfill the Seattle Mariners commitments to support racial equity and social justice, preference will be given to organizations who primarily support under-resourced Black, Indigenous, People of Color (BIPOC) communities. Please complete the grid below with percentages to help us understand the demographics of participants in your program.

| | Program | | |
|--|--------------|--|--|
| | Participants | | |
| Gender | | | |
| Women | | | |
| Men | | | |
| Transgender | | | |
| Gender Non-conforming/Non-Binary | | | |
| Decline to State | | | |
| Race and Ethnicity | | | |
| African American/African/Black | | | |
| American Indian/Alaskan Native | | | |
| Arab American/Middle Eastern/North African | | | |
| Asian/Asian American | | | |
| European American/ White | | | |
| Hispanic/Latino or Latina | | | |
| Native Hawaiian/Pacific Islander | | | |
| A Race/Ethnicity Not Listed | | | |
| More than one Race/Ethnicity | | | |
| Unknown / Decline to State | | | |

Percent of youth who qualify for Free or Reduced Lunch

List any additional measurements you are using to measure your program's success.

Please upload an organization logo

General Upload: Please attachment any supplemental information that would be helpful for reviewing your grant application. Limit 1 additional attachment.

Additional Questions

Organizational Standing: Is your organization in good standing with the state in which it is formed?

Section 501(c)(3) Status: Does your organization have an IRS determination letter of Section 501(c)(3) status that is currently in effect?

Section 501(c)(3) Status: Has your organization received any notice, either written or oral, from the Internal Revenue Service that it intends to revoke the organization's federal tax status under Section 501(c)(3)?

IRS Form 990 or 990N: Has your organization submitted an IRS Form 990 or 990N ("postcard" for small organizations) on a timely basis for the last three years?

Recent Financial Crimes: Has your organization, during the previous five (5) years, been the victim of a crime relating to money or financial services, such as theft or embezzlement?

Criminal History and Background Checks: Do you conduct all criminal history and background checks required by law with respect to any person who has direct contact with minors in your programs (or, in the case of a fiscal sponsor, do you require that the sponsored program performs such checks)?

Criminal History and Background Checks: Do you conduct background checks on other employees and contractors?

Current Investigations: Is your organization currently under review or investigation by any federal, state or local agency, or has claims pending against it with any such agency?

If so, please describe.

By submitting this application, your organization:

- Acknowledges that it is making a commitment to use any grant funds awarded exclusively for the purposes described in this application and agrees to return any amount that is not used for such purposes to the Seattle Mariners Care Foundation.
- Understands that by submitting this application it is agreeing to the terms in both links below, and, in the case of a fiscal sponsor, that it is responsible for ensuring compliance with such terms by the sponsored program:
 - <u>https://www.mlb.com/official-information/terms-of-use</u>
 - o <u>https://www.mlb.com/official-information/privacy-policy</u>
- Represents and certifies that all information in each section of this application is accurate and complete, to the best of the organization's knowledge.

Fiscal sponsors: By submitting this application, a fiscal sponsor represents and agrees that if awarded a grant, it will exercise discretion, control and supervision over the grant funds and ensure that they are used for the purposes set out in this application.

Confirmation

Upload any additional recent financial statements that were not uploaded earlier. Additional Comments (Optional)

Race and Ethnicity Definitions

• African American/African/Black: A person having origins in any of the black racial groups of Africa.

- American Indian/Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Arab American/ Middle Eastern/North African: A person having origins in any of the original peoples of the Middle East or North Africa.
- Asian or Asian American: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- European American/White: A person having origins in any of the original peoples of Europe.
- Hispanic/Latino or Latina: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
- Native Hawaiian/Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.