

HEALTHY COMMUNITIES FOUNDATION 2017 REQUEST FOR PROPOSALS

INTRODUCTION

Healthy Communities Foundation Overview

The mission of the Healthy Communities Foundation (HCF) is to be a community informed grant making foundation that seeks to measurably improve the health and well-being of individuals, families and communities in our service area by promoting health equity, quality and access for all. The HCF “Core Values” include:

- Energizing the spirit and potential of our local community;
- Serving the most socially and economically vulnerable members of our community;
- Building a culture of learning and sharing that empowers our local leadership and institutions; and
- Understanding and addressing long-term systems change.

Outcomes Sought

In 2017, HCF will consider *one-year, general operating grants* that support community-based health and human services and programs that are effective, accessible, affordable and culturally competent. Efforts that address the needs of the most socially and economically vulnerable community members are of particular interest. These might include programs and initiatives that improve the quality, comprehensiveness, and coordination of services or those that introduce new models and identify best practices that can contribute to learning. Collaborations and strategic partnerships among stakeholders are also welcomed.

Requests may fall into one of the following grantmaking categories:

- Programs and services meeting the guidelines described above;
- Small capital improvements up to \$50,000;
- Basic needs and/or responding to an urgent or unanticipated issue in the community; and
- Policy advocacy and/or community education and outreach.
- Other

Eligibility

Applicants must have a 501(c)(3) determination letter from the Internal Revenue Service and preference is given to organizations serving our core service area (see Attachment A for HCF’s geographic service area zip codes and service area map). Additionally, organizations must be non-discriminatory in hiring and in providing services on the basis of race, religion, gender, sexual orientation, age, national origin or disability.

Awards

One-year, general operating grant proposals will be considered for grant awards in 2017. General operating requests **should not exceed 10%** of the applicant’s annual operating budget, and can also be used to support programs and services. All capital improvement grant awards will be capped at \$50,000.

HEALTHY COMMUNITIES FOUNDATION 2017 REQUEST FOR PROPOSALS

Key Dates

| DATES | EVENT |
|--------------------|-----------------------------------|
| July 31, 2017 | HCF 2017 RFP Release |
| August 1, 2017 | HCF Hosts Information Session |
| September 15, 2017 | 2017 Proposal Submission Deadline |
| November 1, 2017 | 2017 Grant Decision Announcement |

HEALTHY COMMUNITIES FOUNDATION
2017 REQUEST FOR PROPOSALS

APPLICANT INFORMATION

1. Applicant

(Provide the name and address for the organization)

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Primary Contact

Name: _____

Title: _____

Phone: _____

Email: _____

3. Please check the box that best describes how you will use the funds:

- Programs and services meeting the guidelines described above;
- Small capital improvements up to \$50,000;
- Basic needs and/or responding to an urgent or unanticipated issue in the community; and
- Policy advocacy and/or community education and outreach.
- Other

4. Please indicate the grant amount you are requesting. _____

General operating requests ***should not exceed 10%*** of the applicant's annual operating budget, and can also be used to support programs and services. All capital improvement grant awards will be capped at \$50,000.

5. Organization Mission *(not to exceed 150 words, single spaced)*

6. Organization History *(not to exceed 250 words, single spaced)*

7. Organization's Current Programs and Services *(not to exceed 500 words, single spaced)*

HEALTHY COMMUNITIES FOUNDATION
2017 REQUEST FOR PROPOSALS

8. Please provide details for your grant request and describe any critical issues your organization will address this year, including (if applicable) how capital improvement funds would be used. *(not to exceed 750 words, single spaced)*

9. Demographic data about the people that you serve

A. Gender

| | Male | Female | Non-Binary | Total |
|--------|------|--------|------------|-------|
| Number | | | | |

B. Race/Ethnicity

| | African American | Asian | Caucasian / White | Latin@ | Native American/ Alaskan Native | Other | Total |
|--------|------------------|-------|-------------------|--------|---------------------------------|-------|-------|
| Number | | | | | | | |

C. Disability

| | Persons with Disabilities |
|--------|---------------------------|
| Number | |

10. Open Question: If you are you serving an Asian-majority, Latin@-majority, or Muslim majority community, please identify the national origin and/or ethnicity of those served. *(not to exceed 25 words, single spaced)*

11. Open Question: If you are serving the disability community, please provide a list of the disabilities experienced by the clients/participants/patients you serve. *(not to exceed 25 words, single spaced)*

12. Total and Full-Time Staff

| Status | Staff |
|-----------|-------|
| Full Time | |
| Part Time | |
| Volunteer | |
| Contract | |
| Total | |

**HEALTHY COMMUNITIES FOUNDATION
2017 REQUEST FOR PROPOSALS**

13. Service Demographic Data *(Please indicate the services your organization provides in the HCF service area. City and associated zip code(s) provided online at: healthycommunitiesfdn.org.)*

| Services (30 characters) | Zip Code (drop down) | Total # Served per Year |
|---------------------------------|-----------------------------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

14. Financials *(The third year should be the current fiscal year. Amounts entered in the chart should match amounts found in your audit)*

| Fiscal Year Ends in (month) | Year prior to most recently completed fiscal year 20__ | Most recently completed fiscal year 20__ | Current fiscal year budget 20__ |
|------------------------------------|---|---|--|
| Revenue | | | |
| Expenses | | | |
| Surplus/(Deficit) | | | |
| Net Assets | | | |

15. Additional Documents Required

Please upload the following documents with your submission:

1. Copy of the most recent audited financial statement
2. Final financial statement for the year just completed
3. 501(c)(3) determination letter from the Internal Revenue Service
4. Board list