2024 GRANT CYCLE:
SUBMITTING YOUR LOI

This document will walk you through the process of submitting a Letter of Intent (LOI) for the 2024 Grant Cycle through our online grants portal.

✓ **ACCESSING YOUR PROFILE**

✓ **COMPLETING YOUR LOI**

✓ **2024 LOI QUESTIONS**

✓ **SUBMITTING YOUR LOI**

Access the Grants Portal here.

If you encounter any issues during the LOI process, contact us at administration@hcfdn.org.

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✓ ACCESSING YOUR PROFILE

When you access the online grant portal, you will see this screen.

NOTE: If you submitted a proposal with Healthy Communities Foundation any year since 2018, you already have an account in our system. Please do NOT create a new account.

If you are unsure what account your organization used previously to submit a proposal, please contact us at administration@hcfdn.org.

Welcome to the Healthy Communities Foundation 2023 Grants Portal

For New Users:

By clicking **Sign Up**, you will be prompted to enter your email address and create a password. Once you have chosen your password, your account will be created and you will gain access to the portal.

For Returning Users: If you submitted a proposal with Healthy Communities Foundation any year since 2018, you already have an account in our system. **Please do NOT create a new account.** If you are unsure what account your organization used previously to submit a proposal, please contact Healthy Communities Foundation at administration@hcfdn.org.

Sign into the portal using the email address and the password you created when you originally signed up for the portal. If you have forgotten your password, click "**Forgot your password?**" and follow the prompts to reset your password. If you cannot access your existing organizational account, please email administration@hcfdn.org.

Sign In

Email

Password 👁

[Log In]   Forgot your password?

Need an Account?

[Sign Up]

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If you are a returning user, please ensure your profile is up to date by clicking "Edit."

Homepage   ⚙

Please click "+Create a Profile to Get Started" to begin. You can always edit your Profile by clicking "Edit".

You cannot move forward until you have completed your Profile.

Profile   Complete   Edit

To begin, click "+Get Started" below. When you return to this Homepage, you can see the status of your submission by the colored status bar below the submission card.

- If the status bar is gray, your submission is under review, and no action needs to be taken.
- If the status bar is blue, there is an action required. Click on the Submission Card to complete.
- If the status bar is red, there is an error. Please reach out to the Administrator of this program at administration@hcfdn.org.

If you are a new user, enter information into your profile and click "Save Changes."

Homepage > Profile   ⚙

Profile ▾   Save Changes

Organization Information

Name of Organization: *

Healthy Communities Foundation

EIN: *

000000000

To apply, organizations must be 501(c)3 non-profit. Applicant must have a valid Employer Identification Number (EIN) granted by the IRS.

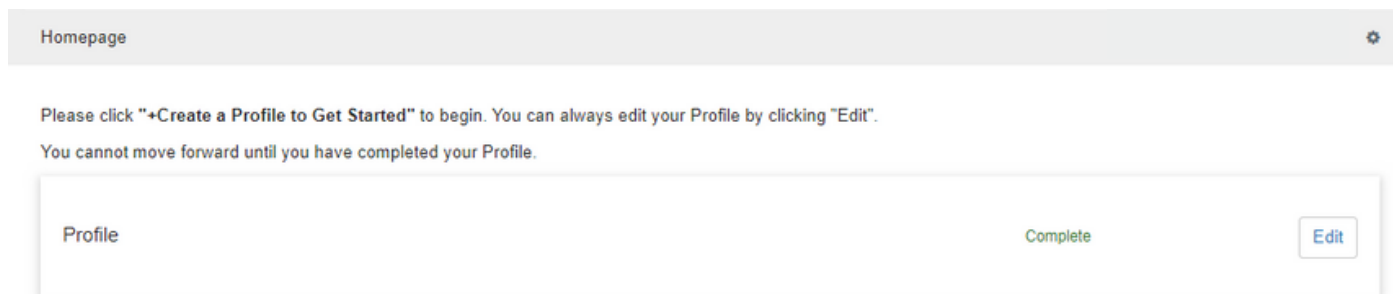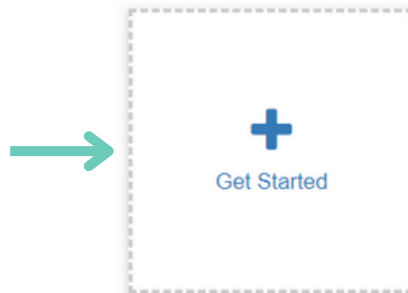Are you using a fiscal sponsor?

○ Yes

✓ COMPLETING YOUR LOI

Click the "Get Started" icon to access the LOI form.

Click "Open" to access the LOI form. Complete all required fields.

All LOI questions are listed on the following pages for your reference.

2024 LOI ▾

Save Draft | **Mark Complete** | Close

When you are ready to submit this step, please click the blue "Save" button at the bottom of the page.

- You can save this form as a draft at any time by clicking "Save Draft" at the bottom of the page.
- When you have completed all required items, please click the "Mark Complete" button at the bottom of the page.

NOTE: When you have completed all required steps, be sure to click "Submit" on the next page.

Name of Organization *

Total Amount Requested *

$

Current FY Budget *

$

Please enter your organization or institution's overall operational budget, not a department budget.

In honor of the feedback we have received from past applicants, we suggest 350 words to 500 words maximum per response. Note that some fields may require specific word limits and will be noted when applicable. Feel free to reference our 2023 Grant Guidelines for guidance:

1. Please describe your core organizational programs and services. *

We would like to understand the strategies you use to work towards your mission. Please refer to the following definitions to support your answer for Question #2 below:

Access to quality health services: High-quality, comprehensive healthcare services are often out of reach for community members in our region due to systemic racism, high medical costs and/or lack of culturally affirming care.

Address social determinants of health: The unfair and avoidable difference in health status means that where people are born, work, live, and age are stronger drivers of health outcomes than individual lifestyle choices and clinical care.

Advocate for health policies & systems change: Policy change can address the root causes of health inequities and impact existing structures that perpetuate racism.

Augment local health knowledge: Supporting strategies that facilitate access to relevant and usable local health data for communities and partners can enhance their capacity to make informed health-related decisions and advocate for better policies.

2. Please indicate which of your organization's core programs and services are aligned with Healthy Communities Foundation's funding priorities. Please select any that apply. *

You will be asked to provide additional information on how your organization aligns with the following categories in a follow-up field.

☐ Access to quality health services
☐ Address social determinants of health
☐ Advocate for health policies & systems change
☐ Augment local health knowledge

NOTE: In Question #2, you will be asked to provide additional information on how your organization aligns with the listed categories in a follow-up field.

3. Please describe how the HCF region is strategic for your organization's health equity and health justice work. *

4. Beyond providing services, please describe how your organization centers the leadership of Black, Indigenous, Latinx and/or other People of Color in your work. *

We seek to understand if and/or how your organization is representative of our service region and the population(s) you serve. Beyond racial demographics, this could include, but is not limited to, socioeconomic status and lived experience.

5. If awarded, how do you anticipate utilizing funds from this general operating support grant? *

By asking this question, we seek to understand how your organization plans to utilize these funds based on what you know now. If you receive a grant award in this cycle, please know that you will not be required to adhere to the responses below.

○ Program expansion
○ Retaining staff
○ Adding staff
○ Professional development (staff/board trainings, workshops, etc.)
○ Essentials for Operations (rent, utilities, office equipment, etc.)
○ Development infrastructure (donor management, outreach, etc.)
○ Other (please describe)

6. Programmatically, what is the primary focus of your work and funds in the HCF region for 2024? (50 words or less) *

Project Support

Applicable to (and required of) organizations whose annual operating budget exceeds $30M. We recommend carefully reviewing the guidelines as the parameters of project support funding have changed.

i) Please provide a project summary that includes, but is not limited to, the following: a) a description of your proposed project; b) how your organization will utilize requested funds; c) the project's duration and/or stage in its life cycle (if applicable); d) if/how this project is an expansion or enhancement of the scope of work your organization does; e) if/how this project is part of a broader initiative or collaboration (including, but not limited to) government- and or institutional-funded effort. *

ii) How is this project a strategic priority for your organization? *

iii) How have your proposed project efforts emerged from, been informed by, and/or tailored to community members in our service region? *

iv) What financial support is this project receiving from your organization and/or other funders? *

Project Budget (must include confirmed and pending revenue and expenses) *

+ Select a file

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Regional Reach

7. Please indicate the total (unduplicated) number of individuals served by your organization during the last year. *

[   ]

8. Of that number, how many of those individuals are located in the Healthy Communities Foundation region? *

[   ]

9a. Did you collect data regarding the racial and ethnic identities of the individuals you served last year? *

Collecting demographic data is considered a best practice and almost all of our previously funded partners were able to report and share this information with us.

● Yes
○ No

9b. To the best of your understanding, of the individuals you work with that reside in the Healthy Communities Foundation region, how would you describe their racial and ethnic demographics? **If your organization did not serve individuals in a listed option, please enter "0" in the corresponding field.**

Asian/Asian American *

[   ]

Black/African American *

[   ]

White/Caucasian *

[   ]

Latino/Latina/Latinx/Latine *

[   ]

Middle Eastern North African *

[   ]

Native American/American Indian/Alaska Native/Native Hawaiian Pacific Islander *

[   ]

Multi-racial or Multi-ethnic (2+ races and/or ethnicities) *

[   ]

Other, not reflected above, please describe below.

[   ]

10a. Did you collect data regarding the gender expression of the individuals you served last year? *

Collecting demographic data is considered a best practice and almost all of our previously funded partners were able to report and share this information with us.

● Yes
○ No

10b. To the best of your understanding, of the individuals you work with that reside in the Healthy Communities Foundation region, how would you describe their gender expression? **If your organization did not serve individuals in a listed option, please enter "0" in the corresponding field.**

11. In the past year, to the best of your understanding, please select up to FIVE zip codes your organization was most present in? *

You may select "Other" if you have additional information you would like to share about your presence in the HCF region.

☐ Berwyn 60402
☐ Bridgeview 60455
☐ Broadview 60155
☐ Brookfield 60513
☐ Burbank 60459
☐ Chicago - Austin 60644
☐ Chicago - Ashburn 60652
☐ Chicago - Brighton Park, Gage Park 60632
☐ Chicago - Chicago Lawn, Gage Park, Marquette Park 60629
☐ Chicago - Garfield Ridge, LeClaire Courts, Vittum Park 60638
☐ Chicago - North Lawndale/South Lawndale/Little Village 60623
☐ Cicero 60804
☐ Forest Park 60130
☐ Hickory Hills 60457
☐ Justice 60458
☐ LaGrange Park 60526
☐ LaGrange, McCook 60525
☐ Lyons 60534
☐ Maywood 60153
☐ Oak Park 60301
☐ Oak Park 60302
☐ Oak Park 60304
☐ River Forest 60305
☐ Riverside 60546
☐ Summit, Argo 60501
☐ Western Springs 60558
☐ Other

12. Have you experienced, or do you anticipate, any significant change(s) from a programmatic, geographic, or staffing perspective this year? *

○ Yes
○ No

(Optional) Please share 2 to 3 news articles or online reports that best highlight the work your organization is engaged in.

[   ]

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Organizational Leadership

13. Does your Executive Director identify as Black, Indigenous, Latinx, and/or any People of Color (BILPOC)? *

The term "BILPOC" encompasses people who identify as Middle Eastern North African. You can read more about our terminology here: https://www.hcfdn.org/our-terminology/. For orgs with more than one ED, please select Yes if at least one executive is BILPOC.

○ Yes
○ No
○ We do not collect this information.

14. Which of the following would most accurately describe your Executive Director? *

For organizations with more than one Executive Director, you are welcome to select "Other" to list multiple identities.

○ Male
○ Female
○ Transgender
○ Intersex
○ Non-Binary
○ Prefer not to say
○ Other, not reflected above

15. Does your Executive Director identify as a member of the LGBTQIA+ Community? *

○ Yes
○ No
○ We do not collect this information

16. What year did your Executive Director start their current position? *

[   ]

If you have co-Executive Directors, please list the date of the most recent onboarding process.

17. Select which answer below best describes your board of directors' racial/ethnic demographics. *

We understand that our current census flattens the experiences of many different cultural groups & that different terms may be used. For our learning purposes, HCF's use of BILPOC is inclusive of people who identify as Middle Eastern North African (MENA).

○ Over 90% BILPOC-identified
○ Over 75% BILPOC-identified
○ Over 50% BILPOC-identified
○ Over 50% White-identified
○ Over 75% White-identified
○ Over 90% White-identified
○ We do not collect this information.

18. How many full-time employees do you employ? *

[   ]

19. How many part-time employees do you employ? *

[   ]

20. Has your organization experienced a major leadership change or board composition shift in the last 12 months? *

○ Yes
○ No

Racial Equity

21. Given our commitment to advancing racial equity and racial justice in our region, we are interested in knowing where your organization is in your racial equity journey. *

Please note we ask for your candid self-assessment. We presume organizations may fall within any of the statements below. The "best" response is the one that accurately reflects the current state of your work in this area.

○ We have yet to take this on and are not ready to address these issues systemically.
○ We have identified racial equity as a priority we would like to address, but we have yet to conduct an assessment or set goals.
○ We have conducted a formal assessment and know the areas needing attention but have yet to begin implementing change.
○ We have clear and targeted goals regarding our racial equity and/or justice work and have begun to work towards these goals.

> NOTE: Question #21 contains follow-up questions that will ask you to further explain your organization's racial equity journey.

Financials

Are you applying with a fiscal sponsor? *

○ Yes
● No

23. Most Recent Audit *

[+ Select a file] [   ] ❷

24. Board Approved Budget *

[+ Select a file] [   ] ❷

25. Have you experienced, or do you anticipate, any significant funding shifts this year? *

○ Yes
○ No

SUBMITTING YOUR LOI

Once you have completed all of the required fields, click "Mark Complete."

After marking complete, your LOI page will look like this:

If you would like to edit your answers, click "Edit."

If you are ready to submit your answers, click "Submit."

NOTE: You will not be able to edit your answers after submitting.

After submitting, your LOI page will look like this:

After submitting, your Home page will look like this:

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REMINDERS

Access the Grants Portal here.

IMPORTANT DATES RECAP FOR STAGE 1:

January 2, 2024	LOI Portal Opens
February 15, 2024 (11:59 pm, CT)	LOIs Due
March 15, 2024	LOI Decisions Released

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