

2022 Grant LOI - July (Hunger & Food Insecurity)

Foundation for Health Equity

Organizational Overview

If you applied in 2021, your Final Report is required before continuing.*

Choices

I submitted my 2021 report

I am a new applicant

Executive Director or CEO*

1. Please list the name, title, and tenure of the current Executive Director or CEO.

Character Limit: 250

Mission Statement

2. Please enter the official one to two sentence mission or purpose statement of your organization.

Character Limit: 2000

When was the organization/program established as a non-profit?

3. Please choose appropriate number of years.

Choices

<1 year

1 - 3 years

3 - 8 years

8+ years

Amount Requested*

4. Please include the total amount of funding you are requesting.

Character Limit: 20

Type of Funding

5. *Committed to working towards health equity, through the support of organizations addressing systems level change, F4HE will be considering general operating funds for all applicants. There may be special situations in which program/project funding is more relevant; we will discuss these situations one-on-one with organizations as they arise.*

Choices

General Operating: funding to cover basic operations

Funding Priority*

6. This grant cycle is for those applying under the Hunger & Food Insecurity funding priority ONLY.

Due date: July 1, 2022 at 5:00pm

Please confirm you are applying under the correct funding priority:

Choices

Hunger & Food Insecurity

Request Overview - Direct Service*

7. Briefly describe your funding request as related to the **direct service** work you are doing to achieve health equity, as related to this cycle: Hunger & Food Insecurity.

Health equity means everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Begin your request in the following format "Requesting (dollar amount) to support..."

Character Limit: 2500

Program Information

Project Name*

10. If you are applying for anything other than general operating funds, please provide the name of the program for which you are requesting funds? Otherwise, type "NA".

Character Limit: 100

Service Duration*

11. Are the services you're applying for offered year-round?

Choices

yes

no

Program Description - Systems Level Change*

14. What **system** is your organization working to change, as related to the Hunger and Food Insecurity cycle?

Health equity - everyone has a fair & just opportunity to be as healthy as possible. This requires removing obstacles & their consequences to health.

Systems level change, as defined by the F4HE, is focused on addressing root causes of social issues, beyond direct service, by changing key factors that negatively impact the system & continue to perpetuate cycles of dysfunction and inequity. The Foundation is invested in systems level change that increases opportunities for everyone to live the healthiest life possible. The foundation supports organizations addressing systematic health inequities through planning and implementation of the following three (3) areas:

Systems change:

- Addresses policies, procedures, practices and/or cultures across the system
- Elevates voices & participation from those served by the system
- Is meant to improve health outcomes for all individuals served

Character Limit: 4500

Goals & Anticipated Outcomes*

16. Please clearly list your goals and expected outcomes. Include the number of people to be served in the next year.

Character Limit: 1500

The next several questions request specific numbers related to "**un-duplicated**" individuals served in the zip codes included in our catchment area. Please do not estimate. If you do not serve individuals within a zip code, please enter zero (0).

****This application is for Hunger and Food Insecurity. Please only report numbers that reflect your Hunger and Food Insecurity related programming.****

If you have any questions regarding our catchment area, please visit our website (<https://f4he.org/>) for more information or contact Bonnie Soriano at Bonnie@F4HE.org or 215-438-8102.

19118 (Chestnut Hill)*

17.1 How many individuals experiencing Hunger and Food Insecurity from 19118 (Chestnut Hill) have you served in the last year?

Character Limit: 20

19119 (Mt. Airy)*

17.2 How many individuals experiencing Hunger and Food Insecurity from 19119 (Mt. Airy) have you served in the last year?

Character Limit: 20

19128 (Roxborough)*

17.3 How many individuals experiencing Hunger and Food Insecurity from 19128 (Roxborough) have you served in the last year?

Character Limit: 20

19138 (East Germantown)*

17.4 How many individuals experiencing Hunger and Food Insecurity from 19138 (East Germantown) have you served in the last year?

Character Limit: 20

19144 (Germantown)*

17.5 How many individuals experiencing Hunger and Food Insecurity from 19144 (Germantown) have you served in the last year?

Character Limit: 20

19150 (Wadsworth)*

17.6 How many individuals experiencing Hunger and Food Insecurity from 19150 (Wadsworth) have you served in the last year?

Character Limit: 20

Overview of Individuals Served*

18. General Operating Fund Requests:

- Overall total number of individuals your organization has served within the last year
- Total number of individuals served who are *from or live within the Foundation's catchment area* (total of numbers above)
- Percentage of the total clients served from or live within the Foundation's catchment area
- For example: 876; 114; 13%

Character Limit: 50

Future Estimate*

19. How many individuals experiencing Hunger and Food Insecurity from within Foundation for Health Equity's catchment area do you expect to serve in the next year? (As it relates to your request.)

Character Limit: 10

Document Uploads

Copy of IRS determination letter*

File Size Limit: 2 MB

Current Organizational Budget*

Please upload a copy of your current organizational budget.

File Size Limit: 2 MB

Board List

Please upload a copy of your current board list.

File Size Limit: 2 MB

Most recent audited financials*

If your organizational budget is less than \$250,000 and you do not have audited financials, please upload a note with an explanation of your status.

File Size Limit: 5 MB

Most Recent Copy of Your 990*

If your organizational budget is less than \$250,000 and you do not have a 990, please upload a note with an explanation of your status.

File Size Limit: 8 MB

Letters of Agreement, Contracts, or MOUs

Please note, if your requested program involves a partnership or collaboration, MOU/ MOA is required.

Upload any letters of formal agreement, contracts or memorandum of understanding with another agency or organization, attach a copy of the signed document. (Required for applicants with a fiscal sponsor.)

File Size Limit: 1 MB

Other (Optional)

Please use this space to upload any additional information you would like to share.

File Size Limit: 3 MB

Additional Information

Please include any additional information that would be helpful as we seek to understand your organization/program.

Character Limit: 500