

2024 Grant LOI - February (Community Health)

Foundation for Health Equity

Organizational Overview

If you applied in 2023, a year-end conversation is required before continuing.*

Choices

I am a new applicant

I have scheduled or completed a year-end conversation

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 Community Health funding priority ONLY.

Due date: February 1, 2024 at 5:00pm

Please confirm you are applying under the correct funding priority:

Choices

Community Health

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: Community Health.

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

Systems Level Change*

14. What **system** is your organization working to change, as related to the Community Health 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:

These 3 elements of systems change need to be addressed in your application:

- 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 the health equity related goals and outcomes your organization is working towards.

How do you know your organization is successful in working towards the above goals?

Character Limit: 3000

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

****This application is for Community Health. Please only report numbers that reflect your Community Health related services.****

If you have any questions regarding our footprint, please visit our website (<https://f4he.org/>) for more information or call 215-438-8102.

19118 (Chestnut Hill)*

17.1 How many individuals related to your **Community Health** work from 19118 (Chestnut Hill) have you served in the last year?

Character Limit: 20

19119 (Mt. Airy)*

17.2 How many individuals related to your **Community Health** work from 19119 (Mt. Airy) have you served in the last year?

Character Limit: 20

19128 (Roxborough)*

17.3 How many individuals related to your **Community Health** work from 19128 (Roxborough) have you served in the last year?

Character Limit: 20

19138 (East Germantown)*

17.4 How many individuals related to your **Community Health** work from 19138 (East Germantown) have you served in the last year?

Character Limit: 20

19144 (Germantown)*

17.5 How many individuals related to your **Community Health** work from 19144 (Germantown) have you served in the last year?

Character Limit: 20

19150 (Wadsworth)*

17.6 How many individuals related to your **Community Health** work from 19150 (Wadsworth) have you served in the last year?

Character Limit: 20

Overview of Individuals Served***18. Breakdown of Individuals Served:**

- 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 footprint
- For example: 876; 114; 13%

Character Limit: 50

Future Estimate*

19. How many individuals related to your **Community Health** work from within Foundation for Health Equity's footprint 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