

# 2024 Grant LOI - July (Hunger/Food Insecurity)

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*Foundation for Health Equity*

## *Application Information*

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### **\*New LOI Process\***

**New! For all new or non-renewal applicants**, a phone call is required to discuss eligibility before completing the LOI. Please email Abby Gustafson – [abby@f4he.org](mailto:abby@f4he.org) to schedule your pre-LOI phone call.

**New! For Renewal Applicants\***, the day the cycle opens, an email will be sent to your organization to schedule a site visit and renewal interview. A site visit and renewal interview are required for all organizations that intend to complete a renewal LOI.

\*Renewal Applicants are organizations that have received a cycle grant from F4HE within the past year.

**Once your phone call has been completed or scheduled, you may continue on to the full LOI. For renewal applicants, only questions marked with an \* are required. All LOI questions are required for new and returning applicants.**

### **Applicant Type (Renewal)**

I am submitting a **Renewal Application**

Please check all boxes that apply to you. Both boxes need to be checked to complete a renewal application.

#### **Choices**

My organization has received funding for a grant cycle in the past 12 months.  
I received an email from F4HE and a renewal interview has been scheduled.

### **Renewal Applicants**

Please provide the date of your scheduled renewal interview with F4HE staff:

*Character Limit: 50*

### **Applicant Type (New Applicant)**

I am a **New Applicant**

Please check all boxes that apply to you. Both boxes need to be checked in order to complete an application as a new applicant.

#### **Choices**

My organization has never applied for a cycle grant from F4HE

I had a pre-LOI phone call with F4HE staff

## New Applicants

Please provide the date your pre-LOI phone call with F4HE staff occurred:

*Character Limit: 50*

## Applicant Type (Returning Applicant)

I am a **Returning Applicant**

Please check all boxes that apply to you. Two or more boxes need to be checked in order to continue as a returning applicant.

### Choices

My organization has applied for a F4HE cycle grant but has not received funding as of yet

My organization has received a discretionary grant but not a full cycle grant

My organization received cycle grant funding prior to 2021 and has not received cycle funding since

I had a pre-LOI phone call with F4HE staff

## Returning Applicants

Please provide the date your pre-LOI phone call with F4HE staff occurred:

*Character Limit: 50*

## How did you hear about F4HE?

*Character Limit: 250*

### 1. Executive Director or CEO\*

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

*Character Limit: 250*

### 2. Mission Statement

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

*Character Limit: 500*

### 3. When was the organization established as a non-profit?\*

Please choose the appropriate number of years:

#### Choices

<1 year

1-3 years

3-8 years

8+ years

### 4. Amount Requested\*

Please include the total amount of funding you are requesting.

*Character Limit: 20*

## Program Information

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### 5. General Operating Funding\*

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

Please type "yes" to indicate that you understand all funds awarded are general operating funds only.

*Character Limit: 100*

### 6. Funding Priority\*

This grant cycle is for those applying under the **Food Insecurity** funding priority only.

**Due date is July 1, 2024 at 5:00pm**

Please confirm you are applying under the correct funding priority:

#### Choices

Food Insecurity

### 7. Request Overview - Direct Service\*

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

***Health equity** means that 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: 4000*

### 11. Service Duration\*

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

#### Choices

yes

no

### 14. Request Overview- Systems Level Change\*

What system is your organization working to change, as it relates to the Hunger/ Food Insecurity Cycle?

***Systems level change, as defined by F4HE, is focused on addressing the root causes of social***

*issues, beyond direct service, by changing key factors that continue to perpetuate cycles of dysfunction and inequity. F4HE is invested in systems level change that increases opportunities for everyone to live the healthiest life possible. The Foundation supports organizations addressing systemic health inequities through planning and implementation in the following three areas:*

**All three elements of systems change need to be addressed in your application:**

- Addresses policies, procedures, practices, and/or cultures
- Elevates voices and participation of those served
- Is meant to improve health outcomes for all

*Ultimately, how are you working your organization out of a job?*

\*Please see system change examples posted on our website or feel free to reach out for clarity.

*Character Limit: 4000*

## **16. Goals and Anticipated Outcomes\***

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*

### **Catchment Area**

The next several questions request specific numbers related to "**un-duplicated**" individuals (clients and/or patients) 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 Food Insecurity. Please only report numbers that reflect Food Insecurity related programming.\*\***

If you have any questions regarding our catchment area, please visit our website ([f4he.org](http://f4he.org)) or contact Abby Gustafson at [abby@f4he.org](mailto:abby@f4he.org)

### **19118 (Chestnut Hill)\***

17.1 How many individuals from 19118 (Chestnut Hill) have you served in the last year?

*Character Limit: 20*

### **19119 (Mt. Airy)\***

17.2 How many individuals from 19119 (Mt. Airy) have you served in the last year?

*Character Limit: 20*

### **19128 (Roxborough)\***

17.3 How many individuals from 19128 (Roxborough) have you served in the last year?

*Character Limit: 20*

### 19138 (East Germantown)\*

17.4 How many individuals from 19138 (East Germantown) have you served in the last year?

*Character Limit: 20*

### 19144 (Germantown)\*

17.5 How many individuals from 19144 (Germantown) have you served in the last year?

*Character Limit: 20*

### 19150 (Wadsworth)\*

17.6 How many individuals from 19150 (Wadsworth) have you served in the last year?

*Character Limit: 20*

## 18. Overview of Individuals Served\*

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 our catchment area
- For example: 876; 114; 13%

*Character Limit: 50*

## 19. Future Estimate\*

How many individuals related to your Food Insecurity work 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*

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### 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*

### 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*

## **Board List**

*File Size Limit: 2 MB*

## **Most Recent Copy of Your 990**

*File Size Limit: 2 MB*

## **13. Additional Information**

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

*Character Limit: 5000*