

HealthComp Foundation Responsive Grant Application 2021

Applicant Instructions

Grants are limited to tax-exempt, nonprofit organizations based within Northeast Ohio (including the following counties: Ashland, Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit) that provide programs that benefit the residents of Northeast Ohio communities.

Eligibility

Is your organization classified as a 501(c)(3) or a governmental entity?*

Choices

Yes

No (Ineligible - do not complete application)

Does your request fit with the Foundation's responsive grantmaking focus area? The Foundation is interested in supporting efforts and initiatives that strengthen social and community support as well as programs anchored in equity that utilize community health workers and other peer connectors (e.g., peer recovery coaches, navigators, doulas, etc.) Does your proposal fit with one of the priorities?*

Choices

Yes

No (Ineligible - do not complete application)

Is your request for program or project support or capacity building? The Foundation does not provide funding for capital campaigns, endowments, scholarships or general operating support.

Choices

Yes

No (Ineligible - do not complete application)

Is your organization based in Northeast Ohio?*

Choices

Yes

No (Ineligible – do not complete application)

If your organization is based in Northeast Ohio, please indicate the county/counties in which residents will benefit from your proposed programming.*

Choices

Ashland

Ashtabula

Cuyahoga

Geauga
 Lake
 Lorain
 Medina
 Portage
 Summit
 Other (please specify below)

If you checked "other" for the previous question, please list the county/counties in which residents will benefit from your proposed programming. *

Character Limit: 50

Organization Background

Organization Information*

State the mission and provide a brief history of the organization, including the year it was founded and how it has evolved since it was founded.

Character Limit: 1050

Staff Information*

In a brief paragraph, describe your staff, including how many staff members you have in each of these categories: full-time, part-time, interns and volunteers.

Character Limit: 350

Programs and Services*

Without repeating the information in the Organization Information field above, list the organization's programs. Include a brief description and the number of clients served by each program during the last fiscal year.

Character Limit: 1050

Board/Staff Executive Leadership Demographic Information

Board Member Demographics

Please provide the following percentages for your Board of Directors.

Board Members - Race/Ethnicity

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. If an answer is unknown or not applicable, please enter 0. **Your total must equal 100%.**

% of Total: Black*

Character Limit: 3

% of Total: Asian/Pacific Islander*

CharacterLimit:3

% of Total: White*

CharacterLimit:3

% of Total: Hispanic/Latino*

CharacterLimit:3

% of Total: Native American*

CharacterLimit:3

% of Total: Multiple Races/Ethnicities*

CharacterLimit:3

% of Total: Categorized as Other*

CharacterLimit:3

Board Members - Gender

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. If an answer is unknown or not applicable, please enter 0. **Your total must equal 100%.**

% of Total: Female*

CharacterLimit:3

% of Total: Male*

CharacterLimit:3

% of Total: Transgender

CharacterLimit:3

% of Total Gender Nonconforming

CharacterLimit:3

% of Total: Categorized as Other

CharacterLimit:3

Staff Executive Leadership Member Demographics

Please provide the following percentages for your organization's staff executive leadership:

Staff Executive Leadership - Race/Ethnicity

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. If an answer is unknown or not applicable, please enter 0. **Your total must equal 100%.**

% of Total: Black**CharacterLimit:3***% of Total: Asian/Pacific Islander****CharacterLimit:3***% of Total: White****CharacterLimit:3***% of Total: Hispanic/Latino****CharacterLimit:3***% of Total: Native American****CharacterLimit:3***% of Total: Multiple Races/Ethnicities****CharacterLimit:3***% of Total: Categorized as Other****CharacterLimit:3***Staff Executive Leadership - Gender**

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. If an answer is unknown or not applicable, please enter 0. **Your total must equal 100%.**

% of Total: Female**CharacterLimit:3***% of Total: Male****CharacterLimit:3***% of Total: Transgender***CharacterLimit:3***% of Total: Gender Nonconforming***CharacterLimit:3***% of Total: Categorized as Other***CharacterLimit:3*

Client Demographic Information

The information in this section should be reflective of the total clients served by the organization. Enter whole numbers only (no fractions or decimals) and do not enter a % sign

with the number. If an answer is unknown or not applicable, please enter 0. Your total must equal 100%.

Fiscal Year for Data (start date)*

Provide the start date for the fiscal year for the client data provided below.

Character Limit: 10

Fiscal Year for Data (end date)*

Provide the end date for the fiscal year for the client data provided below.

Character Limit: 10

Total Number of Clients Served*

List the total number of clients served **by the organization** during the fiscal year entered above. Enter a whole number, not a range.

Character Limit: 10

Clients Served - Race/Ethnicity

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the number. If an answer is unknown or not applicable, please enter 0. **Your total must equal 100%.**

% of Total Served: Black*

CharacterLimit:3

% of Total Served: Asian/Pacific Islander*

CharacterLimit:3

% of Total Served: White*

CharacterLimit:3

% of Total Served: Hispanic/Latino*

CharacterLimit:3

% of Total Served: Native American*

CharacterLimit:3

% of Total Served: Multiple Races/Ethnicities*

CharacterLimit:3

% of Total Served: Categorized as Other*

CharacterLimit:3

Clients Served - Gender

Enter whole numbers only (no fractions or decimals) and do not enter a % sign with the

number. If an answer is unknown or not applicable, please enter 0. **Your total must equal 100%.**

% of Total Served: Female*

CharacterLimit:3

% of Total Served: Male*

CharacterLimit:3

% of Total Served: Transgender

CharacterLimit:3

% of Total Served: Gender Nonconforming

CharacterLimit:3

% of Total Served: Categorized as Other

CharacterLimit:3

% of Low-Income Clients Served*

If you collect income information about your clients, give the percentage of clients served that are below 200% of the federal poverty level based on Health and Human Services Poverty Guidelines. If your organization does not collect this information, enter N/A here.

CharacterLimit:3

Demographic Information Collection Method*

Describe the methods used to collect demographic information. If your organization does not collect this information, please indicate why not and, if applicable, describe the barriers your organization faces when attempting to collect this data.

Character Limit: 500

Description of Clients Served*

Provide any other detailed information not reflected in the numbers above about the population you serve.

Character Limit: 1050

Commitment to Racial Equity*

What steps is your organization taking to demonstrate that it values racial equity and is working to reduce or address the negative impacts of systemic racism on health outcomes for Black, indigenous and people of color (BIPOC)?

Character Limit: 1000

Request Information

Project/Program Title*

Please briefly describe your project/program in 10 words or fewer. You will have the opportunity to describe your project below. Examples: to help connect low-income families to benefits; to provide social support to children with incarcerated parents; to provide prenatal and birth support to Black women.

Character Limit: 175

Grant Amount Requested*

Character Limit: 20

Project/Program Information

Project/Program Focus Area

Through its responsive grantmaking, the HealthComp Foundation is interested in supporting: (a) initiatives and programs that increase social and community support; and (b) programs that utilize community health workers and other peer connectors.

Initiatives and programs that increase social and community support

Social determinants of health are the conditions in the environments where people are born, live, learn, work, play worship and age that affect a wide range of health, functioning and quality of outcomes and risks (www.health.gov/healthypeople/objectives-and-data/social-determinants-health). Social and community context is an important social determinant of health. Many people face challenges and harms they did not choose and cannot control, impacting their ability to have fair and just opportunities to be healthy. Interventions to help people access social and community support are critical for improving health and well-being.

The HealthComp Foundation is interested in programs that help give people facing challenges the social support they need in the places where they live, work, learn, and play. We will prioritize programs that promote social integration and community building, provide support systems, promote civic participation, combat racism and discrimination and reduce stress. In terms of approach, we seek proposals that demonstrate authentic engagement with persons affected by the issues being addressed and power-sharing among partnering groups.

Programs that utilize community health workers and other peer connectors (e.g., peer recovery coaches, navigators, doulas, etc.)

Community health workers (CHWs) and other peer connectors provide social supports and connect people to resources needed for their optimal health. These resources may include, but are not limited to, housing, employment, training and education, health care services, family planning, etc. The intentionality behind the CHW model includes hiring, training and deploying persons from the communities they serve to provide trustworthy support consistent with their clients' values and needs.

With which of the Foundation's focus areas does your project best align:*

Choices

Initiatives and programs that increase social and community support

Programs that utilize community health workers and/or other peer connectors

Project/Program Description*

Summarize the overall program/project to be funded by this request. Please provide a short and clear statement about what you propose to do with funds from the HealthComp Foundation and who will be served. This should be a summary. (You will give more detailed information about outcomes and activities below.)

Character Limit: 1500

Population Served*

Applications addressing the needs of populations identified by the Health Policy Institute of Ohio [www.healthpolicyohio.org] in its 2021 Health Value Dashboard as facing the worst health outcomes will be prioritized. Please indicate which of the following groups your proposed program/initiative will serve (you can select more than one):

Choices

Black and/or Hispanic/Latinx individuals, families and communities

Individuals without a high school education

Individuals with a disability

Low-income individuals and families

Other (describe in question below)

if you answered "Other" above, please describe

Character Limit: 250

Description of Population Served*

Provide any other relevant information about the population to be served by this program/initiative.

Character Limit: 700

Fiscal year for which funds are being requested - Start Date*

Character Limit: 10

Fiscal year for which funds are being requested - End Date*

Character Limit: 10

Number served by program/project - fiscal year for which funds are being requested*

How many individuals will be directly served by this program/project in the fiscal year for which funds are being requested? Whole numbers only.

Character Limit: 15

Number served by program/project - previous fiscal year

How many individuals were served by this program/project in the previous fiscal year? Whole numbers only. Please enter "New" if this is a new program/project.

Character Limit: 15

Goals and Objectives

Short-Term Program/Project Outcomes

List the 3 most significant outcomes that you anticipate achieving by your program/project within 12 months. Short-term outcomes should be specific, measurable and achievable within the time frame. Examples: 100% of clients will have access to healthy, nutritious food; 90% of children will report having an adult in their lives with whom they can discuss challenges; 75% of clients will see a reduction in their score on the trauma recovery scale.

Note: If a grant is awarded, you will be reporting on the Short-Term Program/Project Outcomes you list below.

Short-term outcome 1*

Character Limit: 525

Short-term outcome 2

Character Limit: 525

Short-term outcome 3

Character Limit: 525

Inputs, Activities and Outputs*

How will your organization achieve the short-term outcomes listed above? Please be specific and include: (1) inputs (who will perform the work and what other resources will be used; examples: consultants, community partners, in-kind contributions); (2) activities to be undertaken (services provided or work to be performed); (3) outputs (numbers to be served); (4) location(s); (5) timeframe; and (6) frequency and/or intensity of programming, as applicable.

Character Limit: 2500

Evaluation Plan*

Describe your plan for measuring the degree to which you achieve the short-term program/project outcomes you listed above. How will you know whether you achieved the desired impacts? What measurement tools will you use? Who is responsible for evaluation?

Character Limit: 1000

Desired Long-Term Outcomes

Describe what results should follow from the initial, short-term outcomes beyond the period of the grant. Long-term outcomes may be expressed as desired changes in results, behavior, policies, structures, systems, practice and/or conditions. Long-term outcomes are aspirational in nature and may be difficult to measure. Examples: Everyone will have health coverage; No individuals accused of crimes will be detained in jail due to inability to meet bail; No children will die before their first birthday. Please list up to 3 long-term outcomes

Desired Long-Term Outcome 1*

Character Limit: 525

Desired Long-Term Outcome 2

Character Limit: 525

Desired Long-Term Outcome 3

Character Limit: 525

Partnerships/Collaborations*

Please describe any partnerships/collaborations that are directly involved with the proposed program/project. If your organization is a hospital system, please describe the community organization(s) you are collaborating with on this effort, why the partner(s) were selected and what role your partner(s) will play. (If not applicable, please N/A.)

Character Limit: 500

Representation in Project Planning/Implementation*

Are any persons affected by the social determinant(s) of health you seek to address involved in the planning or implementation of the program/project? if so, in what capacity? If not, please enter N/A.

Character Limit: 500

Attachments Required

All attachments must be PDFs.

Cover Letter*

Signed cover letter from both Executive Director AND Board Chair

File Size Limit: 1 MB

Program/Project Budget*

The budget must include all expenses for the program/project and all pending and committed sources of income. Please specify which funding has been secured and which is pending. If the request is for a specific component of a program, please include the entire program budget and

not just what is requested in the application. Also specify what is requested from the HealthComp Foundation.

Document must be one page in length only, in portrait/vertical orientation.

File Size Limit: 2 MB

Board-Approved Operating Budget*

Board-approved operating budgets showing actual income and expenses for the last complete fiscal year and projected for the current fiscal year.

File Size Limit: 5 MB

Board of Trustees List*

Board of Trustee List (Please include organizational affiliations.)

File Size Limit: 2 MB

Audited Financial Statement or IRS Form 990*

Most recent audited financial statement, including management letter (or Form 990 tax return, ONLY if the organization is not required to perform an audit). (Note: Financial review statements are not accepted. The documentation needed is either an audit or IRS Form 990.)

File Size Limit: 8 MB

Collaboration Letter/Letter of Support

If the proposal involves a partnership with one or more entities, a letter of support from the partner entities should be included.

File Size Limit: 2 MB

Collaboration Letter/Letter of Support

Please include any additional letter of support if applicable.

File Size Limit: 2 MB