HealthComp Foundation Responsive Grant Application 2022

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, if not, is it applying through a fiscal sponsor organization that has $501(c)(3)$ status?
☐ Yes ☐ No (Ineligible – do not complete application)
Does your request fit with the Foundation's responsive grantmaking focus areas? The Foundation is interested in supporting efforts and initiatives that strengthen social and community support (see Foundation website for more specificity) 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 these priorities?
□ Yes
☐ No (Ineligible – do not complete application)
Is your request for program/project support or capacity building? The Foundation does not provide funding for capital campaigns, endowments, scholarships or general operating support.
☐ Yes ☐ No (Ineligible – do not complete application)
Is your organization based in Northeast Ohio?
☐ Yes☐ No (Ineligible – do not complete application)
If your organization is based in Northeast Ohio, please indicate the county (or counties) in which residents will benefit from your proposed programming.
□ Ashland □ Ashtabula □ Cuyahoga □ Geauga □ Lake □ Lorain □ Medina

■ Portage	
☐ Summit	
☐ Other (please specify):	

Organization Information

1. Organization Background

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: 1,050

2. 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

3. Programs and Services

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

Character Limit: 1,050

Board/Staff Demographic Information

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%.

4. Board Member Demographics

Please provide the following percentages for your Board of Directors.

Race/Ethnicity

% of Total: Black Character Limit: 3

% of Total: Asian/Pacific Islander

Character Limit: 3

% of Total: White Character Limit: 3

% of Total: Hispanic/Latino

Character Limit: 3

% of Total: Native American

Character Limit: 3

% of Total: Multiple Races/Ethnicities

Character Limit: 3

% of Total: Categorized as Other

Character Limit: 3

<u>Gender</u>

% of Total: Female Character Limit: 3

% of Total: Male Character Limit: 3

% of Total: Transgender

Character Limit: 3

% of Total: Gender Nonconforming

Character Limit: 3

% of Total: Categorized as Other

5. Staff Executive Leadership Demographics

Please provide the following percentages for your staff executive leadership:

Race/Ethnicity

% of Total: Black Character Limit: 3

% of Total: Asian/Pacific Islander

Character Limit: 3

% of Total: White Character Limit: 3

% of Total: Hispanic/Latino

Character Limit: 3

% of Total: Native American

Character Limit: 3

% of Total: Multiple Races/Ethnicities

Character Limit: 3

% of Total: Categorized as Other

Character Limit: 3

Gender

% of Total: Female Character Limit: 3

% of Total: Male Character Limit: 3

% of Total: Transgender

Character Limit: 3

% of Total: Gender Nonconforming

Character Limit: 3

% of Total: Categorized as Other

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%.

6. Fiscal Year for Data (start date)

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

7. Fiscal Year for Data (end date)

Provide the end date for the fiscal year.

8. Total Number of Clients Served and Client Demographics

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: 250

Race/Ethnicity

% of Total Served: Black

Character Limit: 3

% of Total Served: Asian/Pacific Islander

Character Limit: 3

% of Total Served: White

Character Limit: 3

% of Total Served: Hispanic/Latino

Character Limit: 3

% of Total Served: Native American

Character Limit: 3

% of Total Served: Multiple Races/Ethnicities

Character Limit: 3

% of Total Served: Categorized as Other

Character Limit: 3

Gender

% of Total Served: Female

Character Limit: 3

% of Total Served: Male

Character Limit: 3

% of Total Served: Transgender

Character Limit: 3

% of Total Served: Gender Nonconforming

Character Limit: 3

% of Total Served: Unknown/Other

Character Limit: 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.

Character Limit: 3

9. 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

10. Description of Clients Served

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

Character Limit: 1,050

11. 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: 1,000

Request Information:

12. Project/Program Title

Please briefly describe your project/program in 10 words or less. You will have the opportunity to fully 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

13. Grant Amount Requested

Character Limit: 50

Project/Program Information

14. 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 and community context is an important <u>social determinant of health</u> (link). Interventions to help people access social and community support are critical for improving health and well-being and advancing health equity and social inclusion. Our interests are in work that addresses the following:

- (1) Discrimination: We fund programs and initiatives that provide support to communities facing discrimination and heal from harms that they did not choose and cannot control.
- (2) Civic Participation: We support the elevation of community voice in the development of policies and solutions that promote health and healing. We value initiatives that promote increased capacity for self-efficacy and self-determination and engagement in the democratic process.
- (3) Social Support and Cohesion: We are specifically interested in programs that provide social support to youth and families experiencing trauma. We will consider requests for:
 - mentoring programs aimed at helping young people overcome adversity and develop resilience (please see the Foundation website for more information on characteristics of best-practice mentoring programs);
 - programs and initiatives that help parents, especially single parents, with building supportive networks, developing self-advocacy skills, or developing and maintaining healthy and supportive relationships with their children;
 - programs that provide social supports for children experiencing the trauma of parental incarceration; and
 - supports to family caregivers of people with disabilities to reduce anxiety and depression.
- (4) Incarceration: We support advocacy for reforms in the criminal justice system that address the disproportionate incarceration of people of color.

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. This priority is not intended to support traditional case management conducted by a social service agency but instead peer-delivered services.

With which of the Foundation's focus areas does your project <u>best</u> align:
☐ Initiatives and programs that increase social and community support
☐ Programs that utilize community health workers and/or other peer connectors
15. Program/Project 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: 1,500
16. 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):
 □ 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:
17. Description of Population Served Provide any other relevant information about the population to be served by this program/initiative. Character Limit: 700
18. Program/Project Start and End Date
Places provide the start and and dates for your program/project below. These dates should be

Please provide the start and end dates for your program/project below. These dates should be aligned with the program budget that you will provide with this grant request. The program budget should align with the fiscal year or program period, not the 12-month period after a grant is awarded. If you should receive a grant, these dates will determine the reporting time period. If further clarification is needed, please contact the Foundation office.

Start Date

End Date

19. Numbers served by program/project – period for which funds are being requested

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

Character Limit: 75

20. Numbers served by program/project – previous period

How many were served by this program/project in the previous period? Whole numbers only. Please indicate if this is a new effort.

Character Limit: 75

21. 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 children will report having an adult in their lives with whom they can discuss challenges; 200 individuals will register to vote; 100% of babies will live to their first birthday.

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

 Short-term Outcome Character Limit: 525

2. Short-term Outcome Character Limit: 525

3. Short-term Outcome Character Limit: 525

22. 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: 2,500

23. Evaluation Plan

Describe your plan for measuring the degree to which you achieve the short-term program/project outcomes you listed in Question #21. How will you know whether you

achieved the desired impacts? What measurement tools will you use? Who is responsible for evaluation?

Character Limit: 1,000

24. 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; All eligible voters will cast ballots. Please list up to 3 long-term outcomes

1. Long-Term Outcome

Character Limit: 525

2. Long-Term Outcome Character Limit: 525

3. Long-Term Outcome Character Limit: 525

25. Partnerships/Collaborations

Please describe any partnerships/collaborations that are directly involved with the proposed program/project. If your organization is working with others, 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 enter N/A.)

Character Limit: 1,000

26. Representation in Project Planning/Implementation

Are representatives of the community you seek to serve involved in the planning or implementation of the program/project? If so, in what capacity? If not, please enter N/A.

Character Limit: 500