People with disabilities

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 or, if not, is it applying through a fiscal sponsor organization that has 501(c)(3) status? *

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 (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 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)

Counties Served*

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%.**

Application   HealthComp Foundation

% 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

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*
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
Character Limit: 3

Staff Executive Leadership Member Demographics
Please provide the following percentages for your organization's staff executive leadership:

HealthComp Foundation Responsive
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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*

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

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*

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

Character Limit: 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*

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

<u>Clients Served - Gender</u>
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*
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: Categorized as 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

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.

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.

Initiatives and programs that increase social and community support
Social and community context is an important social determinant of health (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.

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

Program/Project Start and End Date
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*
Character Limit: 10

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 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 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; All eligible voters will cast ballots. 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 representatives of the community you seek to serve involved in the planning or implementation of the program/project? 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. A program budget should align with the project time period that you indicated above (see "Project Start and End Date" above). 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 this funder. <u>If at this time you do not have a program budget that aligns with the time period you have indicated, do not submit an application.</u>

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

File Size Limit: 2 MB

Board-Approved Operating Budget*

Please attach board-approved operating budgets showing actual income and expenses for the last complete fiscal year and projected for the current/upcoming fiscal year. <u>If your organization does not yet have an approved operating budget for the current/upcoming fiscal year, please submit a draft.</u>

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