

General Operating Grant 1/2024

Partnership for Better Health

The Partnership gives priority to projects that demonstrate a commitment to the following types of strategies.

- Addressing the **social determinants of health**.
- Advancing **health equity** by addressing systems and conditions that create inequities.
- Using **effective** and/or **innovative** strategies in creating positive health outcomes.
- Fostering **collaboration** focused on health justice.
- Advancing **systems change** solutions (systemic strategies that are designed to improve all aspects of how a set of organizations, institutions or systems work).
- Engaging **people with lived experience** in the planning, leadership and implementation of the work—these are people with firsthand experience of the health challenges and inequities being addressed.
- Utilizing **policy advocacy** strategies that build the power of marginalized communities toward systems change.

Project Name*

Please enter the Project Name using the following example:

Organization Name - General Operating Support
such as

ABC Nonprofit - General Operating Support

Character Limit: 200

Are you requesting a renewal?*

Existing General Operating Grant recipients are eligible to apply for a **one-year renewal** or a **two-year renewal**. Please indicate your preference below.

If this is a **new** General Operating Grant request, please choose No.

*Note: For 2024, all General Operating Grant requests requests are considered **New**.*

Choices

Yes, one-year renewal

Yes, two-year renewal

No, this is a new General Operating Grant Request

Amount Requested*

For General Operating Grants, the expected range for an amount requested is \$10,000 - \$100,000 per year.

If your organization is requesting a renewal of a current General Operating Grant, your organization is eligible to apply for a two-year renewal for a range of \$20,000 - \$200,000 for the two years.

Character Limit: 20

Geographic Area*

Please select the geographic area that will be served by this project. (Select one only)
Click here for a map of our service area including zip codes.

Choices

- All regions in the Partnership area
- Adams County
- Central & Western Cumberland Counties
- Central Cumberland & Northern Adams Counties
- Central Cumberland & Perry Counties
- Central Cumberland County
- Central Cumberland, Perry & Northern Adams Counties
- Central Cumberland, Western Cumberland & Northern Adams Counties
- Central Cumberland, Western Cumberland & Perry Counties
- Northern Adams County
- Perry & Northern Adams Counties
- Perry & Western Cumberland Counties
- Perry County
- Western Cumberland & Northern Adams Counties
- Western Cumberland County
- Western Cumberland, Perry & Northern Adams Counties

ORGANIZATIONAL BACKGROUND

Organizational Information*

Is there publicly available, up-to-date information about your organization’s mission, history, programs and/or impact that we can access to learn more about your work (i.e. on a website or nonprofit search platform that does not require a paid subscription)?

Choices

- Yes
- No

If yes, where can this information be found?*

Choices

- GuideStar/Candid
- Your website
- Other

If you selected other, please tell us where to find the information.

Character Limit: 1000

If no, please provide information about the organization’s mission, history, programs and/or impact.

Character Limit: 10000

Organizational Goals*

Describe the organization’s top three to five organizational goals for the next two years.

Character Limit: 10000

Current Administrative, Programmatic, and/or Financial Needs*

Provide a brief description of the organization’s current administrative, programmatic, and/or financial needs.

Character Limit: 10000

Health Equity*

Describe how unrestricted, general grant funds would impact the organization and support your work in advancing health equity.

Character Limit: 10000

Online Presence

Please provide links to your website and social media pages or handles to allow us to learn more about your organization and programs.

Online Platform	Link or Handle
Website	
Facebook	
Instagram	
LinkedIn	
Threads	
X (formerly Twitter)	

YouTube	
Other	

LEADERSHIP & MANAGEMENT

Board Description*

In a few sentences, describe your board's strengths and areas for growth.

Character Limit: 10000

Board Membership*

Please provide a current list of the organizations' board members, their positions on the board, terms of office, and professional affiliations.

Character Limit: 10000 | File Size Limit: 5 MB

Does the board reflect the population being served by your organization?*

If yes, please describe.

If no, what steps is your organization taking to reflect the population being served?

Character Limit: 10000

Does the staff reflect the population being served by your organization?*

If yes, please describe.

If no, what steps is your organization taking to reflect the population being served?

If there are no paid staff members, please respond based upon the volunteers.

Character Limit: 10000

In what ways are the people being served involved in shaping your organization and programs?*

Check all that apply.

Choices

Serving as board members

Serving as staff members

Serving as advisors

Serving as volunteers

Serving as instructors

Serving as town hall participants

Serving as focus group or interview participants

Other

They are not yet engaged in our organization but we would like for them to be in the future

Not applicable

Don't know

If you answered "Other", please describe.

Character Limit: 10000

One Year of Stable Leadership

To be eligible for this General Operating Grant, the organization must have one year of stable leadership.

- Have an executive director or staff person in an equivalent leadership role that has been in place for at least 12 months.
- If the organization is undergoing or has undergone a leadership transition, must demonstrate that there is/was a board-led transition plan that includes a defined strategy for interim leadership.

If your organization has recently undergone a leadership transition, please describe the transition plan that is in place or was in place and any recruitment results to demonstrate stability.

Character Limit: 10000

EVALUATING AND MEASURING PROGRESS

Please describe how the organization evaluates its overall effectiveness.*

Character Limit: 10000

What is the organization's plan for evaluating the effectiveness of this request?*

Character Limit: 10000

FINANCIAL INFORMATION

Financial Sustainability*

We understand that general financial sustainability is challenging for many nonprofit organizations. What are the specific challenges to your organization's financial sustainability in the next two years?

Character Limit: 10000

Anticipated Changes*

Please explain if you anticipate any significant changes in the annual operating budget in the current fiscal year and/or the next fiscal year?

Character Limit: 10000

Do you expect to end your current fiscal year with a surplus or a deficit? Please explain. *

Character Limit: 10000

W-9 Form*

All applicants are required to submit a signed and dated W-9 form to receive funding. Click here to access the IRS form and upload it below.

File Size Limit: 3 MB

FINANCIAL REVIEW

Organizational Operating Budget Amount*

What is your organization's **current** operating budget amount?

Character Limit: 20

Organizational Operating Budget*

Please upload your organization's **current** operating budget.

File Size Limit: 5 MB

Financial Statement Requirement*

Is your organization required to complete an annual audit?

Choices

Yes

No

ANNUAL AUDIT

Please upload your organization's most recently completed annual audit (no more than two years old).

Upload your organization's audit here.*

File Size Limit: 5 MB

OTHER FINANCIAL DOCUMENTATION

Please upload your most recently filed Form 990 or 990-N AND a Current Statement of Financial Position (Balance Sheet) AND a Current Statement of Activities (Profit and Loss Statement) for your last completed fiscal year, including actual income and expenses.

Upload as one PDF here.*

File Size Limit: 5 MB

OTHER INFORMATION

Other Support Documents

If you have additional information and/or other supporting documents for us to see, please upload them here.

Please describe each document uploaded in a bulleted list in the space below.

After initial review, the Foundation may request additional information.

Character Limit: 10000 | File Size Limit: 5 MB

ELECTRONIC SIGNATURE

Full Name*

Character Limit: 50

Title*

Character Limit: 50

Signature*

By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge.

You also agree that if selected, you will use the funds granted for the purpose as proposed and approved by the Partnership for Better Health.

Choices

I agree