Project 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*

Character Limit: 200

Grant Request Purpose*

Provide a brief, one-phrase description of the purpose of your grant request (e.g.: To support the expansion of the Senior Housing Initiative.)

Character Limit: 250

Are you requesting a renewal?*

Existing grantees are eligible to apply for a **one-year renewal** or a **two-year renewal** for the *same* project.
Please indicate your preference below.
If this is a **new** Project Grant request, please choose No.

Choices

Yes, one-year renewal
Yes, two-year renewal
No, this is a new Project Grant Request

Amount Requested*

For Project Grants, the expected range for an amount requested is $10,000 - $100,000 per year.
If your organization has an existing grant and you are applying for the *same* project, 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

Total Project Cost*

Please provide the full project cost if your **Amount Requested** is less than the full amount necessary to implement the project. If it is the same, enter the Amount Requested above.

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

Funding Type*

Please select the category that best describes the purpose of your grant request.

Choices

Capacity Building
Capital
Collaboration
Policy Advocacy
Program
Systems Change
Training

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: 10000

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

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

Centering People with Lived Experience*
Is there anything else you want to share about how your organization centers people with lived experience in carrying out its mission?

Character Limit: 10000

PROPOSAL NARRATIVE

Proposal*
Organizations are now permitted to upload an application that has been submitted to another funder for the same purpose in place of completing the Proposal Narrative section. The application must be no more than six months old.
Would you like to use a recent application to another funder for this application?

Choices
Yes
No

Completed Application
Please upload your completed application here.

- Please submit full applications (narrative section only).
- Do **not** upload applications that are more than 25 pages.

If applicable, please describe any relevant changes that have occurred since this application was written. If there are no changes, please enter N/A.
Character Limit: 10000 | File Size Limit: 10 MB

If your answer was no to submitting a recent application to another funder, please answer the remaining questions.

Brief Overview*
Please provide a brief overview of the need you are addressing and how you determined this need. Include information that explains the issue and a description of the population/audience that this project is intended to reach.
Character Limit: 10000

Project Summary*
We **strongly recommend** that you address each of the following key points in your response:

      o   Project objectives - What are the goals of this project?
      o   Project activities - What will you do and how will you do it?
      o   Project staffing - Who will work on this project?
      o   Project location - Where will the project take place?
      o   Project timeline - When will the project activities take place?

Character Limit: 10000

Health Equity*

How will the project advance health equity?

Character Limit: 10000

Collaboration*

If you are collaborating with other organizations on this specific project, please list your partners and describe how you will work together. Only include the names of individuals or organizations that have committed to working with you and be sure that you have received their permission to include their names in this application.

Character Limit: 10000

What needs to happen for project success?*

What factors need to occur, or which partners and/or stakeholders need to be involved, for the project to be successful? (How and why will the proposed activities support the objectives? Factors include skills and knowledge level of staffing; organizational capacity; level of engagement by stakeholders.)

Character Limit: 10000

What are the potential challenges to project success?*

What factors that cannot be controlled by your organization that could affect the objectives and proposed activities? (External factors include: the culture, the climate, economic structure, housing patterns, demographic patterns, political environment, background and experiences of participants, media influence, and changing policies.)

Character Limit: 10000

EVALUATING AND MEASURING PROGRESS

What results do you plan to track?*

Please consider including results that you are already tracking and measuring for this work.
Examples:
Program delivery: The number of sessions or programs offered.
• Example: *Five programs are held each quarter. OR Each client receives at least five hours of counseling.*
Program impact (client/community changes): Differences in knowledge, skills, behavior or outcomes from the beginning to the end of program participation.

• Example: *The program will result in a 30% reduction in the days of school missed by youth participating in the program.*

Character Limit: 10000

How will you measure your progress?*

Examples include surveys, questionnaires, interviews or entering client information into case-management software. These tools may be used to collect and analyze information on a weekly, monthly, quarterly or annual basis.

Examples:

• *We will use pre- and post-questionnaires and/or assessments to measure changes in students' STEAM related knowledge.*

• *We will use our software to track the number of clients accessing the funded project.*

Character Limit: 10000

FINANCIAL INFORMATION

Project Budget*

Please provide a detailed budget for the proposed project, including a budget narrative, in the format used by your organization (or you can use the template on our website by clicking here). In the budget narrative, please explain each line item with the purpose and show how each line-item amount was calculated (ex: 100 miles @ 65.5 cents per mile = $65.50)

Character Limit: 10000 | File Size Limit: 5 MB

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

Fiscal Sponsor*

A fiscal sponsor is a 501(c)(3) nonprofit organization that provides financial oversight, financial management and other administrative services to a charitable project that does not possess a 501(c)(3) status.

Churches that use the tax Identification number of a larger organization and have a group exemption will need to complete the application indicating that the larger organization is the **fiscal sponsor**. GROUP - Generally, a central organization holding a group exemption letter, whose subordinate units covered by the group exemption are also eligible to receive tax-deductible contributions, even though they are not separately listed (deductibility limitation dependent on various factors).

Will you be using a fiscal sponsor?

Choices
Yes
No

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

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

FISCAL SPONSOR INFORMATION

A representative of the fiscal sponsor can be invited to collaborate on the application by using the "Collaborate" button at the top right of the application page.

Name of Fiscal Sponsor*
Character Limit: 150

Fiscal Sponsor's Federal ID Number*
Character Limit: 250

Fiscal Sponsor Contact Name*
Character Limit: 250

Fiscal Sponsor Contact's Email*
Character Limit: 254

Fiscal Sponsor Financial Statement Requirement*
Is your organization required to complete an annual audit?

Choices
Yes
No

Fiscal Sponsor Agreement Letter*
Please upload the **signed** fiscal sponsor agreement letter here. **Your application will not be considered without this letter.**

File Size Limit: 2 MB

FISCAL SPONSOR ANNUAL AUDIT

Please upload the Fiscal Sponsor's most recently completed annual audit (no more than two years old).

Upload audit here.*
File Size Limit: 5 MB

FISCAL SPONSOR FINANCIAL DOCUMENTATION

Since there is not a recent audit to be submitted by the Fiscal Sponsor, please upload the Fiscal Sponsor's 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 the last completed fiscal year, including actual income and expenses.

Upload alternate financial documentation 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