

# Spark Grant 1/2024

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## *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 Spark Grant or Mini-Grant recipients are eligible to apply for a **one-year renewal** or a **two-year renewal**. (You are encouraged to contact staff to verify your eligibility for either as these grants are limited to three (3) years of funding overall).

Please indicate your preference below.

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

#### **Choices**

Yes, one-year renewal

Yes, two-year renewal

No, this is a new Spark Grant Request

### **Amount Requested\***

For Spark Grants or previous Mini-Grants, the amount requested is limited to \$5,000 per year. If your organization is requesting a renewal of a current Spark Grant or previous Mini-Grant, your organization is eligible to apply for a two-year renewal at a maximum of \$10,000 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	

<b>Threads</b>	
<b>X (formerly Twitter)</b>	
<b>YouTube</b>	
<b>Other</b>	

## *PROPOSAL NARRATIVE*

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### **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:

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

*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*

## EVALUATING AND MEASURING PROGRESS

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### 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

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### 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: 3000 | File Size Limit: 5 MB*

### Organizational Operating Budget Amount\*

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

*Character Limit: 20*

### 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*

### *FORM 990 or 990-N*

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#### Form 990 or 990-N\*

Please upload your organization's most recent filed 990 or 990-N.

*File Size Limit: 5 MB*

### *FISCAL SPONSOR INFORMATION*

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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*

## *ELECTRONIC SIGNATURE*

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School applications must also be 'signed' by building principals. See below.

### 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

## *FOR SCHOOLS ONLY*

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### Name of school district

*Character Limit: 60*

### Name of school building

*Character Limit: 100*

### Name of building principal

*Character Limit: 50*

## *FISCAL SPONSOR ANNUAL AUDIT*

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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*

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Since there is not a recent audit to be submitted, 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*