

General Operating Support

Partnership for Better Health

Project Officer

Please identify the Partnership staff member who will steward this grant and follow up through the process.

Choices

Carol

Gail

Tim

Are you officially recognized by the IRS as a 501(c)(3) nonprofit organization?*

You MUST be a 501(c)(3) organization to apply for a General Operating Support Grant.

Choices

Yes

No

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.

Please list your nonprofit organization's name*

Please concisely name your request in this format: **ORGANIZATION NAME - GENERAL OPERATING SUPPORT.**

Character Limit: 100

Are you requesting a renewal?*

If the Partnership for Better Health has funded a General Operating Grant for your organization in the past, please apply for a one-year or two-year renewal.

One-year renewal means that you are requesting 1 additional year of funding; two-year renewal means that you are requesting 2 additional years of funding.

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

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 range for amount requested is \$10,000 - \$50,000 per year.

If your organization is requesting a renewal of a current General Operating Grant, your organization is eligible to apply for either:

- a one-year renewal for a range of \$10,000 - \$50,000
- two-year renewal for a range of \$20,000 - \$100,000 for two years

Character Limit: 20

Geographic Area*

Please select the geographic area that will be served by this grant. (Select one only)

Click here for a map of our service area including zip codes.

Choices

All regions in the Partnership area

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

Core Funding Area(s) 2024*

Check all that apply.

Choices

Health Care Access and Quality

Social and Community Context

Economic Stability

Education Access and Quality
Neighborhood and the Built Environment

Grant Number*

Character Limit: 65535

Project Type

Internal for tracking across lifespan of grantmaking

Choices

- General Operating Support for Equity Leaders
- Spark Grant
- Project Grants to Address Root Issues
- Foundation Initiative
- Community Voices

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

- Candid/Guidestar
- Your website
- Other

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

Character Limit: 250

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

Character Limit: 5000

Organizational Goals*

General Operating Support Grants are designed to be **flexible funding** that helps you achieve your organization-wide, overarching goals. These grants can be used to support transformational work that:

- Increases ability to leverage funding for additional program funding;
- Expands capacity for services and/or reach more people;
- Develops stronger staff, volunteers, and/or neighborhood capacity to deliver on missional goals;
- Centers people with lived experience in leadership roles;
- Improves program quality

Please describe the organization’s top three to five organizational goals for the next two years. Please be sure to briefly answer these questions:

- **How** do you measure success as an organization?
- **What** are the organization's top 3-5 goals?
- **What** data do you use to track organizational impact?
- **How** do you track that data for each goal?

Character Limit: 3000

Current Administrative, Programmatic, and/or Financial Needs*

Provide a brief description of your organization’s current administrative, programmatic, and/or financial needs. This information will help us understand how this flexible General Operating Support funding can help you meet your organizational goals.

Character Limit: 2000

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	

<p>LinkedIn</p>	
<p>Threads</p>	
<p>X (formerly Twitter)</p>	
<p>YouTube</p>	
<p>Other</p>	

LEADERSHIP & MANAGEMENT

Board Description*

In a few sentences, describe your board's strengths and areas for growth. Please include a brief description of how you are addressing those growth opportunities.

Character Limit: 2000

Board Membership*

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

If you have a document with this information, please feel free to upload below.

Character Limit: 3000 | File Size Limit: 2 MB

Health Equity*

Health equity exists when all people, regardless of race, gender, sexual orientation, disability, socioeconomic status, geographic location, or other social constructs have fair and just access, opportunity, and resources to achieve their highest potential for health. **How will this project advance health equity?**

Please clearly describe the strategies, goals, and metrics your organization uses to advance health equity in the community. Do you have specific policies or processes in place? Do you engage stakeholders on health equity issues? Do you report results on health equity advancement?

Character Limit: 3000

Health Equity Comprehension Status (internal)*

Organizations can be anywhere on the continuum of understanding health equity. Some are clearly working formally with clear goals, data, benchmarks, and reporting structures. Others do not address health equity at all. Most are somewhere in between those two extremes.

Please provide an assessment of how well the applicant understands health equity and how extensively health equity is embedded in their corporate culture and action.

Choices

No answer, or clear misunderstanding of what health equity is.

Limited understanding, no goals, no reporting, no engagement

Some understanding, but clear opportunity to provide education and resources to improve

Some understanding, with goals in place and some action defined.

Clear strategic goal, with operational metrics, reporting structures, and demonstrated success.

CENTERING LIVED EXPERIENCE

This involves intentionally creating space for individuals to share their personal stories and insights—and recognizing those insights as valuable expertise.

It's not just about serving a specific group as the beneficiary of your mission; it's about involving community members directly in shaping the work that affects them. This approach calls for **meaningful inclusion in decision-making**, from program design to strategic planning.

It also means ensuring **diverse representation** across staff, leadership, and board membership, so that those with lived experience are not only heard but actively leading and shaping the direction of the organization.

Please use these questions on Leadership and Management to tell us about **how your organization centers people with lived experience in carrying out its mission**.

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

If yes, please include a brief description of the population(s) you serve and briefly tell us about how the Board reflects that population, and what steps you are taking to increase the board's reflection of the population(s) you serve.

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

Character Limit: 2000

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

If yes, please briefly tell us how the staff reflects the population(s) served.

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

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

Character Limit: 2000

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 checked 'other' above, please describe the other ways that you center people with lived experience.

Character Limit: 1000

Stable Leadership*

Does your organization have at least one year of stable leadership?

Choices

Yes

No

One Year of Stable 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: 1000

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 over the next two years?

Character Limit: 2000

Anticipated Changes*

Please explain any significant changes in your annual operating budget for the current fiscal year and the next fiscal year. Be sure to include the cause(s) for those changes and what the organization is doing to respond to those changes.

Character Limit: 2000

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

Please briefly explain the variance.

Character Limit: 1000

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

ANNUAL AUDIT

Is your organization required to complete an annual audit?*

Choices

Yes

No

OLD QUESTION

FINANCIAL REVIEW

Organizational Operating Budget Amount*

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

Character Limit: 20

Please upload a detailed organizational budget in the format used by your organization (or you can use the simple template on our website by clicking [here](#)). *

File Size Limit: 2 MB

FINANCIAL STATEMENT

Audit Documents*

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

File Size Limit: 5 MB

OTHER FINANCIAL DOCUMENTATION

Please upload these three most recently filed financial documents:

1. Your most recently filed Form 990 or 990-EZ or 990-N **AND**
2. Your current Statement of Financial Position (aka Balance Sheet) **AND**
3. Your current Statement of Activities (Income Statement) including actual revenue, expenses, and change in net assets for your most recent fiscal year

Upload Form 990, or 990-EZ, or 990-N here*

File Size Limit: 5 MB

Upload Statement of Financial Position (Balance Sheet)*

File Size Limit: 5 MB

Upload Statement of Activities (Income Statement)*

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.

Upload as one PDF here:

Character Limit: 5000 | 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

I do NOT agree