

Spark Grant

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

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 concisely name your projects using this format: **Organization Name - Project Name**.

Character Limit: 100

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: 150

Are you requesting a renewal?*

If the Partnership for Better Health has funded this **same project** 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. Spark grants are limited to three (3) years of funding overall.

If this is a new initiative that the Partnership for Better Health has not funded previously, please select No.

Choices

Yes, one-year renewal

Yes, two-year renewal

No, this is a new Spark Grant Request

Amount Requested*

For Spark Grants, the amount requested is limited to \$5,000 per year.

If your organization is requesting a renewal of a current Spark Grant, your organization is eligible to apply for either a one-year renewal for up to \$5,000, or a two-year renewal for a total up to \$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

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

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

In order to receive a grant from the Partnership for Better Health, an applicant must be a 501(c)(3) nonprofit organization. If you are not an approved 501(c)(3) organization, you will need to use a fiscal sponsor to apply for a grant with the Partnership.

The fiscal sponsor will need to formally apply for the grant and accept responsibility for any granted funds. The fiscal sponsor will retain discretion and control of these funds and will also need to maintain adequate records to substantiate the use of the funds for appropriate tax-exempt purposes. The fiscal sponsor is also responsible for providing any reports required.

There needs to be a formal letter of agreement between the fiscal sponsor and the non-tax-exempt entity implementing the program or project. The letter should clearly identify the roles of the fiscal sponsor and the roles of the organization that wants to conduct the charitable project or activity.

If you have any questions, or would like to discuss options for identifying and using a fiscal sponsor, please reach out to our Grants Team [here](#).

A representative of the non-tax-exempt entity implementing the actual project can be invited to collaborate on the application by using the “Collaborate” button at the top right of the application page. Please remember, however, that the fiscal sponsor must accept and formally submit the grant application.

Will you be serving as the fiscal sponsor of this project?*

It is rare for you to be a fiscal sponsor. If you are a 501(c)(3) organization and applying for a grant for your organization to use, you most likely will NOT be serving as a fiscal sponsor. *Please read the explanation above for more detail.*

Choices

Yes

No

FISCAL SPONSOR INFORMATION

Name of Fiscal Sponsor*

Character Limit: 150

Fiscal Sponsor's Federal ID Number*

Character Limit: 50

Fiscal Sponsor Contact Name*

Character Limit: 100

Fiscal Sponsor Contact's Email*

Character Limit: 254

Fiscal Sponsor Agreement Letter*

Please upload the **signed** fiscal sponsorship agreement letter here. The letter should clearly identify the roles of the fiscal sponsor and the roles of the sponsored entity/project that wants to conduct the charitable project or activity.

Your application will not be considered without this letter.

File Size Limit: 1 MB

FINANCIAL REVIEW

Financial Statement Requirement

Is your organization required to complete an annual audit?

Choices

Yes

No

ANNUAL AUDIT

|

File Size Limit: 5 MB

FISCAL SPONSOR ANNUAL AUDIT

Upload Fiscal Sponsor audit [here](#).

File Size Limit: 5 MB

FORM 990 or 990-N

|

File Size Limit: 5 MB

File Size Limit: 1 MB

File Size Limit: 1 MB

FINANCIAL INFORMATION

Project Budget*

Please upload a detailed budget for the proposed project in the format used by your organization (or you can use the simple template on our website by clicking [here](#)). Please be sure to include a detailed budget narrative where you explain each line item, including the purpose of the line item, and show how each line-item amount was calculated (ex: 100 miles @ 70 cents per mile = \$70.00).

We have a completed, sample budget form [here](#), including budget narrative, if you would like to review before you complete your project budget.

If you are a fiscal sponsor, the Project Budget is the budget for the SPECIFIC project for which

you are applying.

Character Limit: 5000 | File Size Limit: 5 MB

Organizational Operating Budget

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

If you are a Fiscal Sponsor, the Organizational Operating Budget is the complete budget of the fiscal sponsor organization.

File Size Limit: 2 MB

What is your total ORGANIZATIONAL budget?*

Please insert your organization's total annual budget for the project year.

If you are a fiscal sponsor, please insert the total annual budget for the fiscal sponsor organization.

Character Limit: 20

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.

If you are a Fiscal Sponsor, the W-9 is required for the fiscal sponsor organization.

File Size Limit: 1 MB

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

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	

PROPOSAL NARRATIVE

Project Summary*

Please provide a brief overview of the who, what, where, when, why, and how of your project. We **strongly recommend** that you address each of the following key points in your brief response:

1. Project motivation - **Why** is this important?
2. Project objectives - **What** are the goals of this project? **Who** will be served/**what** is the population served?
3. Project evaluation - **How** will you measure success? **What** data will you track? **How** will you track that data?
4. Project activities - **What** will you do and **how** will you do it?
5. Project staffing - **Who** will work on this project?
6. Project location - **Where** will the project take place?
7. Project timeline - **When** will the project activities take place

Character Limit: 7500

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.

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: 1000

Centering People with 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 tell us about how your organization centers people with lived experience in carrying out its mission. If you don't currently center people with lived experience, please discuss any plans you have to do so.

Character Limit: 2500

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

Please 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

ELECTRONIC SIGNATURE

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

I do NOT agree

FOR SCHOOLS ONLY

Name of school district

Character Limit: 60

Name of school building

Character Limit: 100

Name of building principal

Character Limit: 50