

# 2022 April - Healthy Communities Delaware - Community Funding

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*Delaware Community Foundation*

## **ORGANIZATION INFORMATION**

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### **Primary Organization Name**

*Character Limit: 250*

### **Contact Person's Name\***

*Character Limit: 250*

### **Contact Person's Email\***

*Character Limit: 254*

### **Contact Person's Phone Number\***

*Character Limit: 9*

## **ELIGIBILITY**

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### **501c3 Status\***

Which best describes the organization?

#### **Choices**

Primary organization holds 501(c)3 Public Charity as designated by Internal Revenue Service (IRS).  
Primary applicant is applying through a Fiscal Sponsorship.

### **Placed-based Collaboration\***

Which best describes your place-based collaboration?

1. Primary applicant represents an existing place-based collaboration among residents and organizations working within an eligible community.
2. Primary applicant plans to bring together residents and community-based organizations in a community where this work has not yet been done.

#### **Choices**

- 1 - Primary applicant represents an existing place-based collaboration...
- 2 - Primary applicant plans to bring together residents and community-based organizations..

### **Eligible Communities:\***

Place-based collaborations must be in or primarily focused on working in a Delaware community experiencing the greatest inequities. Which community does your place-based

collaboration work in and represent? Please indicate the census tract and/or census block groups, as well as the name of your community.

*Character Limit: 5000*

### Community Collaboration & Community-Driven Plans:\*

This opportunity is intended to support formation of place-based collaborative partnerships, assessment of community needs, development of community-driven plans, and/or implementation of community-driven plans. Which best describes the work outlined in your proposal?

- **Forming** - developing formalized collaborative partnerships among organizations and residents to support the vital conditions in a community.
- **Assessing** - assessing community needs and identifying resident priorities.
- **Planning** - developing a data-driven community-informed plan that supports one or more vital conditions.
- **Implementing** - implementing components of a resident-driven community plan that support the vital conditions.

Please check all that apply:

#### Choices

Forming  
Assessing  
Planning  
Implementing

### Vital Conditions/Social Determinants of Health\*

This opportunity is intended to strengthen one or more of the vital conditions/social determinants of health in your community. Which vital condition(s) will your work address?

Please check all that apply:

#### Choices

Basic Needs for Health & Safety  
Belonging & Civic Muscle  
Humane Housing  
Lifelong Learning  
Meaningful Work & Wealth  
Reliable Transportation  
Thriving Natural World

### Long-Term Collaboration:\*

I understand that the goal of this funding opportunity is to foster long-term collaboration. It is not intended to fund short-term projects. My organization is interested in long-term collaboration for a thriving community.

#### Choices

Yes

No

## *FISCAL SPONSORSHIP*

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### **Fiscal Sponsorship Explanation and Documentation\***

If applying using a fiscal sponsorship, please list the organization, explain and upload documentation verifying your Fiscally Sponsored relationship.

*Character Limit: 2000 | File Size Limit: 1 MB*

## *HCD PROPOSAL*

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Please complete the fields below. Alternatively, if you have submitted the same proposal to another funder, and it includes all of the requested information, you may submit that document instead.

### **Community Name:\***

*Character Limit: 250*

### **Proposal Name:\***

*Character Limit: 100*

### **Summary:\***

Please provide a summary of the proposed work. Who? What? When? Where? Why? How?  
(About 1/2 page or less)

*Character Limit: 2000*

### **Estimated Start Date:\***

*Character Limit: 10*

### **Estimated End Date:\***

*Character Limit: 10*

### **Team Description:\***

Tell us about the team needed to inform, implement, and complete the project. Include names, roles, and organizations. Please indicate which team members are residents of your community.

*Character Limit: 5000*

**Issues and Needs:\***

What are the issues and/or needs that you plan to address with this funding? Briefly describe the process used to identify the need(s) in your community. Please describe how residents participated in this process. Provide supporting data.

*Character Limit: 5000*

**Goals:\***

What are the goals that you hope to achieve by the end of the 12-month grant period?

*Character Limit: 5000*

**Activities and Timeline:\***

Please describe your activities and timeline. How will your activities help you address the issues or needs? Please provide support for your approach (e.g. supporting information, recommendations, or data from Community Commons, What Works for Health, or another well-recognized source).

*Character Limit: 5000*

**Measurement:\***

How will you measure progress toward each goal? Please describe your outputs and outcomes, any relevant data you will collect, how you will collect the data, and how this data will inform your work.

*Character Limit: 5000*

**Resident Engagement:\***

How were residents engaged or how will they be engaged in identifying the issues or needs, planning, implementing and/or evaluating this project?

*Character Limit: 5000*

## **BUDGET**

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**Total Budget\***

What is the total budget to complete the proposed work?

*Character Limit: 20*

**Request of HCD:\***

What is the total dollar amount of funding that you are requesting from HCD?

*Character Limit: 20*

**Other Funding:\***

What grants, loans, investments, or other funding have you secured and/or are you seeking for this proposal? Please list the sources of the funding, the amounts from each source, and the

status of the funding request (intending to apply, application pending, application denied, or application accepted/funding committed).

*Character Limit: 5000*

### **Budget and Justification:\***

Please upload a budget and justification or use the space below to outline the budget and justification. Please list all expenses in the categories below and explain how funds will be used. Please address any overlap between funds requested and funding already received for this work. Use of the HCD Budget Template is optional.

- Personnel (including hourly rate)
- Consultant
- Equipment
- Supplies
- Data
- Travel
- Other
- Indirect

*Character Limit: 5000 | File Size Limit: 8 MB*

## ***OPTIONAL SUPPORTING DOCUMENTS***

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### **Additional Supporting Document 1 (OPTIONAL)**

Upload additional supporting documents, such as a community needs assessment, community revitalization plan, action plan, or a logic model.

*File Size Limit: 10 MB*

### **Additional Supporting Document 2 (OPTIONAL)**

Upload additional supporting documents, such as a community needs assessment, community revitalization plan, action plan, or a logic model.

*File Size Limit: 10 MB*

### **Proposal (OPTIONAL)**

If you are uploading a proposal prepared for another funder, please write n/a in the fields above and upload your document here.

*File Size Limit: 15 MB*

## *PAYMENT PROCESSING*

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Grant awards will be processed through direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to process payment to your organization, if awarded.

### **Authorization of Payment\***

I (we) authorize the Delaware Community Foundation to electronically credit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous debts) as follows:

#### **Choices**

Checking Account

Savings Account

### **Attach Bank Account Details (Voided Check or Letter from Bank)\***

Please attach either a voided check or a letter from the bank verifying your account number. This will allow for accuracy of bank details and for efficient payment processing.

*File Size Limit: 6 MB*

### **Signature to Authorize Payment Processing:\***

I (we) understand that this authorization will remain in full force and effect until I (we) notify Delaware Community Foundation in writing that I (we) wish to revoke this authorization. I (we) understand that the Delaware Community Foundation requires at least 5 business days prior notice in order to cancel this authorization.

*Character Limit: 50*

## *ACKNOWLEDGEMENT*

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### **Applicant Authorization\***

Please indicate which applies

#### **Choices**

I am the Authorized Personnel to submit this application on behalf of the organization

I am the Executive Director/CEO authorized to submit this application on behalf of the organization

### **Signature of Executive Director/CEO or Authorized Personnel\***

I acknowledge by typing my name below, I am providing an electronic representation of my signature for all purposes of completion of this grant application and have authorization as the Executive Director/CEO or authorized personnel to submit this application on behalf of the organization.

*Character Limit: 100*