

# 2023 April - Healthy Communities Delaware - Community Funding

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*Delaware Community Foundation*

## *Instructions*

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Please complete the questions below. Feel free to use bullets or narrative. If you have prepared a report for another funder that addresses the below questions, you may upload that report instead of completing this form (please see upload option below). Please feel free to reach out to your HCD liaison at any time!

## *Organization Information*

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### **Primary Organization Name**

*Character Limit: 250*

### **Proposal Name:**

*Character Limit: 100*

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

*Character Limit: 250*

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

*Character Limit: 254*

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

*Character Limit: 9*

## *Final Report*

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### **Project Name:**

*Character Limit: 150*

### **Amount Awarded**

*Character Limit: 20*

### **Report Submission Date:\***

*Character Limit: 10*

**Reporting Period Start Date:\***

*Character Limit: 10*

**Reporting Period End Date:\***

*Character Limit: 10*

**Activities:\***

Please describe the activities completed during the full grant period. Please refer to your action plan.

*Character Limit: 5000*

**Outputs & Outcomes:\***

What were the outputs and outcomes for the full grant period? Please refer to your action plan.

*Character Limit: 5000*

**Organizational Capacity:\***

How has HCD investment and support helped your organization build its organizational capacity to advance your community’s vision and plan?

Organizational Capacity is defined as the capabilities, knowledge, staffing, and resources needed to effectively and sustainably advance your organizational mission and your community's transformation goals.

*Character Limit: 10000*

**HCD-Supported FTEs: \***

How many full-time equivalents (FTEs) were supported by HCD investment during the grant period? Please list each HCD-supported position and the respective number of FTEs in the table below (e.g. full- and part-time employees, Public Allies). Please do not include consultants. *(If you have less than 4 entries, put N/A in the required boxes)*

To calculate HCD-supported FTEs for each employee: HCD-Supported FTEs = weekly average number of hours supported by HCD investment divided by your organization's hours for a full-time workweek.

For example: The organization Thriving People has a full-time community revitalization coordinator who works an average of 40 hours per week (1.0 FTE). HCD investment was used to support 20 hours of the employee's time each week. To calculate the number of HCD-supported FTEs, divide the number of HCD-supported hours/week (20 hours/week) by the organization’s full-time workweek (40 hours/week) = 0.5 HCD-supported FTEs.

Position title for each HCD-supported staff person	Number of HCD-Supported FTEs (allow for 3 decimal points, e.g. .000)
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**Additional Funding:\***

Please report the amount, source, and month/year for any additional funding you have **received** since the grant start date to support work aligned with your current or previous HCD-funded work. *If you have less than 5 sources, put N/A in the required boxes.*

Source of Funding	Amount of Funding	Month Received (e.g. January)	Year Received (e.g. 2017)	Status of Funding

**HCD Improvement:\***

What is working well with regard to the support (e.g., network building, liaison support, evaluation support, communication support, conference support) that your organization receives from HCD? What could be improved, and how? How can we better support your work?

*Character Limit: 5000*

**Additional Information:**

Feel free to share any stories, information, requests, or opportunities that you want us to know.

*Character Limit: 5000*

### **Report Effort:\***

About how long did it take you and your team to complete this report? Please include the time needed to reference other documents and/or data, draft and review the content and submit the report in your time estimate.

*Character Limit: 5000*

### **Upload Another Report:**

If you choose to upload another report, please put N/A in the fields above.

*File Size Limit: 10 MB*

### **Additional Supporting Documents (OPTIONAL)**

Quotes or Testimonials, Pictures, etc.

*File Size Limit: 15 MB*

**Thank you for your dedication to creating healthy, safe, and vibrant communities. We value you, your work, and the opportunity to collaborate!**