

2023 April - Healthy Communities Delaware - Community Funding

Delaware Community Foundation

Instructions

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

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

Progress Report

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 provide an update on all activities that you expected to complete, based on the timeline in your action plan. If expected activities have not been completed, please explain why and how you plan to address this.

Character Limit: 10000

Outputs & Outcomes:*

Please report on all outputs and outcomes that you expected to complete, based on the timeline in your action plan. If expected outputs have not been achieved, please explain why and how you plan to address this.

Character Limit: 10000

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

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 first column for any of 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: 10000

Additional Information:

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

Character Limit: 10000

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: 10000

Upload Another Report:

If you are uploading another report, please type N/A in the fields above.

File Size Limit: 3 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!