

# 2023 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..

### **Community Name\***

Which community does your place-based collaboration work in and represent?

*Character Limit: 250*

### Eligible Communities:\*

Primary applicants must be in or primarily focused on working in Delaware census tracts and/or census block groups experiencing the greatest inequities. Which census tract(s) and/or census block group(s) do you work in?

*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/Sustaining** - developing or maintaining 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/Sustaining  
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 applicable, please list the organization that is sponsoring you and provide an explanation for your fiscally sponsored relationship. Please also upload documentation to verify your fiscal sponsorship.

*Character Limit: 2000 | File Size Limit: 5 MB*

## *HCD PROPOSAL*

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**Please complete the fields below.**

**Proposal Upload (Optional)**

If you have prepared a proposal for this work for another funder and it includes all of the requested information below, you may upload that proposal here and write n/a in the fields below.

*File Size Limit: 15 MB*

**Proposal Name:\***

*Character Limit: 100*

**Summary:\***

Please provide a summary of the proposed work. (2-3 sentences)

*Character Limit: 2000*

**Action Plan\***

Please upload your HCD Action Plan here. **Use of the HCD Action Plan template is required.** The Action Plan should concisely describe the proposed work that you and your community will undertake during the grant period using HCD funding. Please include your goals/objectives, timeline, activities, outputs, output indicators, and outcomes.

You can access the HCD Action Plan Guide and Template and HCD Activities, Outputs, Outcomes, and Indicators Bank: A Community Transformation Planning Resource on the

Partner Resources page on the HCD website (<https://healthycommunitiesde.org/partner-resources>).

*Character Limit: 10000 | File Size Limit: 6 MB*

### **Community Vision and Plan\***

How does the proposed work advance your community's vision and/or plan? Please describe how the proposed work will either: 1) help your community develop a vision and plan or 2) help your community implement components of its plan. If the proposed work focuses on the latter, please summarize the specific components of the community plan that you will implement.

*Character Limit: 10000*

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

*Character Limit: 10*

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

*Character Limit: 10*

### **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: 10000*

### **Goals:\***

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

*Character Limit: 10000*

### **Activities:\***

Please describe your activities. 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: 10000*

### **Measurement:\***

Clearly defining and tracking outputs and outcomes help us measure progress toward collective community goals. How will you collect and track data related to the outputs defined in your action plan? How will you communicate on-going progress with your stakeholders?

*Character Limit: 10000*

### **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: 10000*

### **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: 10000*

## ***BUDGET***

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### **Budget\***

Please complete and upload the HCD Budget Template. Use of the HCD Budget template is required. You can access the template on the Partner Resources page on the HCD website (<https://healthycommunitiesde.org/partner-resources>).

*File Size Limit: 6 MB*

### **Other Funding\***

Have you applied for or are you currently receiving Highmark BluePrints for the Community funding directly?

#### **Choices**

Yes

No

## ***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: 5 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: 5 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: 1 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*