

# 2025 Healthy Communities Delaware - Community Funding

---

*Delaware Community Foundation*

## **ORGANIZATION INFORMATION**

---

### **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*

## **FISCAL SPONSORSHIP**

---

### **Are you applying through a Fiscal Sponsorship\***

#### **Choices**

Yes

No

### **Fiscal Sponsorship Explanation**

If you answered yes, 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: 5000 | File Size Limit: 4 MB*

## **HCD PROPOSAL**

---

**Please complete the fields below.**

### **Project Name\***

*Character Limit: 100*

**Investor Pitch\***

Please provide a 2-3 sentence summary of the proposed work. This summary will be shared with potential collaborative funders.

*Character Limit: 2000*

**Estimated Start Date\***

*Character Limit: 10*

**Estimated End Date\***

*Character Limit: 10*

**Eligible Communities\***

The opportunity is intended to support eligible Delaware census tracts and/or census block groups experiencing the greatest inequities. Which census tract(s) and/or census block group(s) will benefit from the proposed work?

*Character Limit: 5000*

**Community Name\***

Which HCD eligible community will benefit from the proposed work?

*Character Limit: 250*

**Placed-based Community Collaboration\***

Which best describes your place-based community 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**

Primary applicant represents an existing place-based collaboration...

Primary applicant plans to bring together residents and community-based organizations.

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

This opportunity is intended to strengthen one or more of the vital conditions 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

## Collaborative and Coordinated Community-Driven Change\*

This opportunity is intended to support place-based collaborative and coordinated community-driven change that advances the vital conditions for the entire community. Which approach(es) best describe(s) the work outlined in your proposal?

Please check all that apply below.

### Building or Maintaining Community Partnerships/Collaborations/Steering Committees:

- Fostering collaboration and strengthening existing relationships within the community to support collaborative and coordinated community-driven change.
- Supporting the creation or maintenance of a place-based collaborative or steering committee to support collaborative and coordinated community-driven change.
- Ensuring the inclusion of resident leaders and diverse resident voices and perspectives in decision-making processes.

### Assessing Community Needs:

- Contributing to a comprehensive understanding of community needs and opportunities.
- Supporting data collection, analysis, and dissemination of community needs assessments.
- Ensuring the inclusion of diverse resident leaders, voices and perspectives in assessment processes.

### Developing Community-Driven Plans:

- Supporting the development of a community-driven plan that supports the vital conditions and addresses identified needs and priorities.
- Supporting community visioning exercises, priority-setting processes, and the development of action plans.
- Ensuring the inclusion of resident leaders and diverse resident voices and perspectives in planning processes.

### Implementing Community-Driven Plans:

- Supporting the implementation of key components of the community-driven plan.
- Ensuring the inclusion of resident leaders and diverse resident voices and perspectives in implementation processes.

### Monitoring, Evaluation and Learning:

- Contributing to the ongoing monitoring and evaluation of progress towards shared community goals.
- Utilizing data and feedback to inform and improve future efforts.
- Ensuring the inclusion of resident leaders and diverse resident voices and perspectives in monitoring, evaluation, and learning processes.

## Choices

Building or Maintaining Community Partnerships/Collaborations/Steering Committees

Assessing Community Needs

Developing Community-Driven Plans  
Implementing Community-Driven Plans  
Monitoring, Evaluation, and Learning

## Narrative Summary\*

In a few paragraphs or less, please share a project summary that describes how you will use collaborative and coordinated community-driven change approaches to achieve shared community goals and advance the vital conditions for the entire community? Please reference the question above for a description of the collaborative and coordinated community-driven change approaches supported by HCD. Bullets are welcome.

*Character Limit: 10000*

## Action Plan\*

Please upload your HCD Action Plan as a spreadsheet in .xlsx or .xls format (no PDFs please). **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.

You can access the "HCD Action Plan and Reports 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*

## Logic/Rationale

For each proposed strategy/sub-project, please provide a brief rationale that explains:

- **The underlying logic:** How does this strategy address the identified needs and opportunities in your community?
- **The justification for its selection:** Why was this specific strategy chosen over other potential approaches?
- **Alignment with community revitalization plan:** How does this strategy/subproject contribute to the goals, objectives, and recommendations outlined in your community's revitalization plan (if applicable)?

*Character Limit: 10000*

## Evidence/Case for Success\*

How do you know that the proposed strategies will achieve the desired outcomes? Please provide a summary of the evidence and/or rationale (e.g., research, pilot studies, examples of successful projects, well-reasoned logic, or arguments) supporting the effectiveness of each proposed strategy. Resources such as Community Commons and What Works for Health may support you in making a case. Bullets are welcome.

*Character Limit: 10000*

## Building on Past Work\*

Please provide a very brief recap of your work currently funded by HCD. How does the proposed work build on your current or previously HCD-funded work? Bullets are welcome.

*Character Limit: 5000*

## Organizational Capacity\*

In a few paragraphs or less, please tell us about your organization's capacity to implement this project (e.g. your team's expertise, financial resources, existing partnerships, examples of your organization's past projects that demonstrate its ability to achieve similar outcomes, etc.). Bullets are welcome.

*Character Limit: 10000*

## Resident Engagement:\*

In a few paragraphs or less, please share how residents contributed or will contribute to the proposal and/or proposed work? Bullets are welcome.

For example:

- **Identification of need/opportunity:** How did residents contribute to identifying the problem or opportunity that your project addresses? This could involve surveys, focus groups, community meetings, or other methods of gathering input from residents.
- **Development of recommendations/plans:** How were residents involved in developing the strategies or solutions proposed in your project? Did they participate in workshops, provide feedback on draft plans, or serve on advisory committees?
- **Development of the proposal:** How did residents contribute to the development of the proposal? This could include writing sections of the proposal or providing stories, testimonials, or data that support the project's goals.
- **Implementation of the proposal:** How will residents be involved in the implementation of the project? This could involve serving as volunteers, participating in decision-making processes, or providing ongoing feedback on the project's progress.

*Character Limit: 10000*

## BUDGET

### Budget\*

Please upload your HCD Budget as a spreadsheet in .xlsx or .xls format (no PDFs please). **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*

**Total Request Amount\***

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

*Character Limit: 20*

**Other Funding\***

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

**Choices**

Yes

No

## *OPTIONAL SUPPORTING DOCUMENTS*

---

**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*

---

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**

---

**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*