

Healthy Communities DE - 2020 Collaboration for Healthy, Safe and Vibrant Communities

Delaware Community Foundation

Organization Information

Primary Organization Name*

Name of the organization that is leading the application

Character Limit: 250

Project Name*

Name of Project.

Character Limit: 100

Project Lead*

Full name of the person managing the project who will be the key contact for the Primary Organization. This person will facilitate signing of the contract, reporting, etc.

Character Limit: 250

Project Lead's Email Address*

Character Limit: 254

Project Lead's Phone Number*

Character Limit: 250

Goal of Long-Term Collaboration*

I understand that the goal of this Call for Interest is to create long-term collaborations and funding mechanisms for alignment, investment and impact. It is not intended to fund short-term projects. My organization is interested in exploring the potential for long-term collaboration for healthy, safe and vibrant communities.

Choices

Yes

No

Census Tracts of Proposed Project: NEW CASTLE COUNTY

Check all that apply.

Choices

None in New Castle County

6.02 - North East, Wilmington (Price's Run)

22 - Westside, Wilmington

- 23 - Westside, Wilmington
- 24 - Westside, Wilmington
- 30.02 - Riverside, Wilmington
- 9 - Eastside, Wilmington
- 29 - Eastside, Wilmington
- 21 - West Center City, Wilmington
- 16 - West Center City, Wilmington
- 25 - Browntown, Wilmington
- 26 - Browntown, Wilmington
- 27 - Browntown, Wilmington
- 5,3 Boulevard, Wilmington
- 126 - West of Wilmington/Elsmere
- 129 - West of Wilmington/Elsmere
- 120 - West of Wilmington/Elsmere
- 124 - West of Wilmington/Elsmere
- 158.02 - Route 9 Corridor
- 155.02 - Route 9 Corridor
- 154 - Route 9 Corridor
- 19.02 - Route 9 Corridor
- 149.03 - Bear/Near Christiana Mall
- 149.09 - Bear/Near Christiana Mall

Census Tracts of Proposed Project: KENT COUNTY

Check all that apply.

Choices

- None in Kent County
- 420 - West of Camden on the MD Border and West Dover
- 418.02 - West of Camden on the MD Border and West Dover
- 430 - Harrington
- 410 - Dover

Census Tracts of Proposed Project: SUSSEX COUNTY

Check all that apply.

Choices

- None in Sussex County
- 502 - Ellendale
- 504.01 - Seaford
- 504.06 - Seaford
- 503.02 - Bridgeville
- 503.01 - Bridgeville
- 505.03 - Georgetown

Focus Area of Proposed Project*

Categories and subcategories are described below. **Check all that apply.**

Community vitality: Social capital, governance, civic engagement, social inclusiveness, arts &

culture

Education (publicly-funded for children and young adults): Participant, achievement, infrastructure, capacity

Environment & infrastructure: Natural environment, neighborhood characteristics

Financial Health & Wealth: Financial resource access and inclusion; credit improvement; spending, saving, borrowing and planning

Food & Agriculture: Food security, availability and access to healthy foods

Housing: Infrastructure and capacity, quality, use/affordability

Job Creation & Workforce Development: Creation of sustainable and living wage jobs; job training/skill development/career counseling

Public Safety: Crime and violence, injuries, infrastructure, perceptions of public safety

Transportation: Infrastructure, capacity, use and affordability, quality

Choices

- Unsure (if in Pre-Planning or Planning Tracks)
- Community vitality
- Education (publicly-funded for children and young adults)
- Environment & infrastructure
- Financial health & wealth
- Food & agriculture
- Housing
- Job creation & workforce development
- Public safety
- Transportation

Which Collaboration and Funding Track would you place this application in?*

Choose all that apply.

Choices

- Track 1: Pre-Planning
- Track 2: Planning
- Track 3: Ready-to-Go

Project Information - Track 3: Ready-to-Go

Abstract/Summary*

Provide a brief summary of the project (who, what, where, when, why, how).

Character Limit: 2000

Project Team*

List members of the project team, including roles, names (if known), and organization. Include team members from collaborating organizations and local residents.

Character Limit: 1500

Description of Needs/Title of Community Needs Assessment

What need(s) does this project address? Briefly describe the process used to identify the need(s) in your community. If applicable, include how community and local residents participated in this process. How did data resources help you identify and understand the need(s)?

If you have already completed a needs assessment, please list the title of the document and upload it here. If the file is too large to upload, please also note a web link where we can download it, or email to Kate@HealthyCommunitiesDE.org.

Character Limit: 1000 | File Size Limit: 5 MB

Specific Aims/Goals*

What are the big picture goals you will achieve by the end of this initial (14 month) funding timeframe?

Character Limit: 1000

Measurable Objectives/Outcomes*

Please list measurable objectives and outcomes for the funding period. Objectives should be S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, Time-bound). Consider including a logic model. If an evaluation plan has been developed, please include it. If not, please note this.

Character Limit: 2000

Measurable Objectives/Outcomes -- FILE UPLOAD

If you choose to use a logic model or other depiction of objectives and outcomes, you may upload it here.

File Size Limit: 1 MB

Action Plan/Title of Community Action Plan

How you will achieve your goals? If you have already created an action plan, please list the title of the document and upload it here. If creating an action plan is what you're applying to do, please note that. If the file is too large to upload, please also note a web link where we can download it, or email it to Kate@HealthyCommunitiesDE.org.

Character Limit: 5000 | File Size Limit: 3 MB

Anticipated Reach*

Who will this project impact? How many people do you expect to impact with this project?

Character Limit: 1000

Collaboration*

If applicable, describe what others are doing in this area and how the project team will collaborate amongst itself or with others to achieve the project goals.

Character Limit: 5000

Health Equity*

Describe how this project will support health equity. For the purposes of this application, health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, racism, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Character Limit: 2000

Project Timeline*

Describe the major events of the project over the funding timeframe. If you prefer to upload a document, you may do so below. Consider using a Gantt Chart for timeline if appropriate.

Character Limit: 2000

Project Timeline - FILE UPLOAD

If you prefer to upload a timeline document, please do so here.

File Size Limit: 1 MB

Future Plans

How will the work completed under this opportunity inform future efforts?

Character Limit: 2000

Project Information - Track 2: Planning

Abstract/Summary*

Provide a brief summary of the project (who, what, where, when, why, how).

Character Limit: 2000

Project Team*

List Members of the project team, including roles, names (if known), and organization. Include team members from collaborating organizations and local residents.

Character Limit: 1500

Description of Needs/ Title of Community Needs Assessment

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Character Limit: 2000

Project Timeline - FILE UPLOAD

If you prefer to upload a timeline document, please do so here.

File Size Limit: 1 MB

Future Plans*

Will this project be further developed? If so, how will the work completed under this opportunity inform future efforts?

Character Limit: 2000

Project Information - Track 1: Pre-Planning

Summary of Request*

Please describe who you are, why you are interested in this opportunity for your community, what's happening now (if anything), and what you believe to be needed. Describe how you plan to bring together local residents and community organizations to better understand and address the needs in your community.

Character Limit: 3000

Project Budget

Budget and Justification*

You may detail your budget and justification below, or upload a budget file. Please outline direct costs. Indirect costs may be included, and are limited to 10%. Detail expenses and explain how funds will be used. Address any overlap between funds requested and funding already received for this project.

Include the following categories: Personnel (including hourly rate), Equipment, Supplies, Data, Travel, Other Expenses, Indirect

Character Limit: 5000

Budget and Justification - FILE UPLOAD

If you choose to upload a file detailing the project budget and justification, you may do so here.

File Size Limit: 3 MB

Other sources of funding*

List other sources of funding for this project, including the name of the grant-making organization, amount and status of the request for funding (intending to apply, application submitted and pending, denied or granted).

Character Limit: 2000

Fiscal Agent*

If you have identified a fiscal agent for this application, please list that organization(s) here. If you are unsure or would like support finding a fiscal agent, please note that instead.

Character Limit: 250

Approvals

Signature of Person Submitting Application*

By typing the name of the person submitting this application, you certify that you have the authority to submit this application on behalf of the Primary Organization AND collaborating organizations, and that its contents are accurate to the best of your knowledge.

Character Limit: 250