

# COMMUNITY HEALTH GRANT GUIDELINES AND APPLICATION

2022 Deadline: Monday August 1

Grant size: Grants up to \$15,000

**If you would like to discuss your proposal**, please contact <u>info@humhealth.org</u> to schedule an appointment with Director of Grantmaking, Craig Woods or call 707.267.9913

Proposals must be submitted as pdfs via email to info@humhealth.org

# The Community Health Grant supports programs, projects and services that accomplish one or more of the following:

- ➤ Improve the health and wellbeing of Black, Indigenous, and People of Color and those experiencing systemic barriers to health and wellness in Humboldt County We are particularly seeking proposals from organizations serving these communities and addressing these issues:
  - Black, Indigenous and Communities of Color
  - LGBTOI+
  - Eastern Humboldt
  - Eel River Valley
- > Have potential to make significant community impact
- > Are preventive or 'upstream'
- > Bring people together to work on issues of community concern
- > Connected to communities served
- HHF makes grants for general operating support, programs, services, advocacy, organizing, civic engagement, capital campaigns, capital improvement projects, and racial equity training and consulting.

#### **Eligibility Requirements**

- Applicants must be nonprofit charitable or public benefit (federal tax exempt) organizations, public schools, Indian tribal governments, other government agencies, or have a qualified fiscal sponsor (this is an option for grassroots groups that might not have tax exempt status with the IRS; more information about fiscal sponsorship is available at <a href="http://www.hafoundation.org/Grants-Scholarships/Fiscal-Sponsorship">http://www.hafoundation.org/Grants-Scholarships/Fiscal-Sponsorship</a>). If you need help finding a fiscal sponsor, please contact info@humhealth.org or 707.267.9913.
- Organization/programs/projects must benefit communities in **Humboldt County**. All organizations
  from outside this service area must demonstrate that they are working with a county based group to
  develop and implement the proposed program/project. General operating support is not available to
  organizations based outside of Humboldt County.
- Grants cannot be made for the infrastructure, deferred maintenance or annual operating costs of public institutions, churches, services of special tax districts, or government agencies.
- Grants cannot be made for religious activities or projects that exclusively benefit the members of sectarian or religious organizations.
- Grant funds cannot pay for direct lobbying.
- Grants cannot pay for expenses that have already been incurred.

- Veterans
- Mental and Behavioral Health
- Substance Use Disorders



# **Community Health Grant Application Form**

Please submit this form and pages 3 – 8 as pdf via email to info@humhealth.org by 8/01/2022

Need grantwriting support? Grantwriting coaching is available to grassroots organizations that support Black, Indigenous and People of Color. Contact <a href="mailto:info@humhealth.org">info@humhealth.org</a> or 707.267.9913. Limited availability.

About Your Organization					
Organization:	Federal Tax ID#:				
Mailing address:					
Primary Contact Person for this application:	Title:				
Primary contact phone:	Primary Contact email:				
Executive Director:	Executive Director email:				
Organization's total revenue this fiscal year:	Organization's total revenue last fiscal year:				
Number of employees:	Number of volunteers:				
<b>Do you have a fiscal sponsor?</b> ☐ Yes ☐ No (if Yes, use the fiscal sponsors tax ID number; use the space below to pro					
Fiscal sponsor organization:	How long has the organization been your fiscal sponsor?				
Name and title of main contact at fiscal sponsor organization:	Fiscal sponsor contact's phone:				
Fiscal sponsor's mailing address:	Fiscal sponsor contact's email:				
ABOUT YOUR PROPOSAL					
Title of proposal:					
One sentence description of proposal:					
Amount requested:  Total cost of project: (N/A if operating support)					
Geographic region to be served (city, community, area):					
Who will benefit from this work (youth, seniors, disabled, etc.)	?				
For more information visit us online at: www.humhealt	h.org (Go to: Organizational Grants)				
Questions? Call us at 707.267.9912 or e-mail info@hur	nhealth.org				
Please do not type in the box below. For office use only.					
	PC Fund ID ULSO				
Review Date: Action:	Profile #				
Grant Date: Amount	Grant #				
	Batch #CHG822				

1.	Please summarize what you propose to do through this grant and how it's in alignment with grant criteria
2.	What are you hoping to achieve and what measurable objectives and data will be used to define its success?
3.	How does the organization, program, or project improve the health of BIPOC or others experiencing systemic barriers to health?
4.	Please give us an overview of populations served. Describe: why supporting specific populations is strategic and how communities being served have given input to applicant.

5.	Please share the compelling need for your work, service or project. Does the approach includes upstream, preventions or policy work?
6.	Please describe why your organization is the right entity to take on this effort or issue. What's your expertise and capacity to do this work?
7.	Who is doing similar work in the communities you're engaging? How and why do you collaborate or not?
8.	What is the project timeline?

9.	Describe your organization's leadership, how it reflects communities served, percentage of staff leadership that identifies as BIPOC, and percentage of board that identifies as BIPOC
10.	Complete the Program/Project Budget Form—showing total costs, other funding sources and how HHF grant would be spent (please note that grant cannot be used for expenses that have been incurred prior to the date of grant award); if you are applying for general operating support, do not complete the application budget template, instead please include your organization's current year budget and a brief statement about why general operating support would be particularly helpful to your organization at this time.
11.	Attach up to 1 letter of support from key partners or clients/community members about why this work is important (2 page maximum)

### PROGRAM/PROJECT BUDGET

Expense	Amount Requested from HHF	In-kind Contribution (list source)	Other Funding Sources		Total Budget
			Amount	Source	
Totals				Grand	Total

Note: Up to 50% of your program/project grant request can be for general operating expenses; <u>If you would like to apply for 100% general operating support, do not complete this form</u> – instead, include this year's organizational operating budget, along with a brief statement about why general operating support would be particularly helpful to your organization at this time

## Additional Budget Questions: (Please use additional pages if necessary)

1.) How would the nature of your project change if partial funding were awarded?

2.) Please provide more information about budget items that are not explained elsewhere in the proposal:

### **SAMPLE PROJECT BUDGET**

#### **Budget Instructions**

- 1.) Please include how grant funds will be spent.
- 2.) When listing staff expenses, please include pay rate and number of hours.
- 3.) Please asterisk (\*) any funds already confirmed for this project.
- 4.) Please list the monetary value of In-kind contributions in the column below.
- 5.) Up to 50% of your grant request can be for general operating expenses.

#### **Glossary of Terms**

- <u>In-kind contribution:</u> donations that are done in goods or services, not money.
   For example: rent, staff time, equipment usage, etc.
- Other funding sources: federal or state grants, local foundations or grant programs, individual contributions, other fundraising efforts.
- General operating expenses: Includes overhead and administrative expenses for running the organization or specific program. May include but is not limited to costs for employees, consultants, programs, services, facilities, or other elements needed to organize, carry out and evaluate the organization's total administration, programs and activities.

Expense	Amount Requested from HHF	In-kind Contribution	Other Funding Sources		Total Budget
		(list source)	Amount	Source	
Case Manager 500 hours at \$25/hour (includes fringe)	\$5,000.00		\$7,500.00	CalFresh Grant* County Contract*	\$12,500.00
Administrative Staff 150 hours at \$18/hour (includes fringe)	\$1,000.00		\$1,700.00	HUD Grant*	\$2,700.00
Program Supplies & Materials	\$500.00		\$2,500.00	Rotary Grant*	\$3,000.00
Office Space	\$1,000.00	\$2,000 (Landlord Discounted Rate)	\$9,000.00	Batelli Foundation Private Donations*	\$12,000.00
Indirect Costs – 10%	\$830.00				\$830.00
Total	\$8,330.00	\$2,000.00	\$20,700.00	Grand Total	\$31,030.00

If you have any questions about completing your application or budget, please feel free to contact us:

707.267.9912 or info@humhealth.org