



COMMUNITY HEALTH GRANT GUIDELINES AND APPLICATION

Grant size: \$2,000-10,000 (Average grant size is \$5,000; grants are generally for no more than \$8,000)

If you would like HHF to consider a proposal of more than \$10,000, please contact Amy Jester, Program Manager, at (707) 267-9909 or amyj@hafoundation.org

Annual Deadline: August 1 (if this falls on a weekend or holiday, deadline is first business day thereafter)

- Postmarked, delivered or emailed; notification of results in 3 months

Mail or Deliver to: Humboldt Health Foundation
363 Indianola Road
Bayside, CA 95524

Or Email to: info@humhealth.org

For more information visit us online at www.humhealth.org

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

- Enhance the physical and mental well-being of Humboldt County residents and communities
- Improve the health of those with social or economic disadvantages, the underserved, and/or marginalized
- Have potential to make significant community impact (or potential to make a lasting impact)
- Are preventive
- Bring people together to work on issues of community concern

In addition to programs and services, HHF is willing to consider proposals for advocacy, organizing, civic engagement, and capital campaigns or capital improvement projects.

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 <http://www.hafoundation.org/Grants-Scholarships/Fiscal-Sponsorship>). If you need help finding a fiscal sponsor, please contact Amy Jester – amyj@hafoundation.org or 707-267-9909.
- Programs/projects must benefit the communities within **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.
- HHF does not fund travel outside the area for school or groups for trips, “good will” ambassadors, or scholarships and fellowships to other countries.
- 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 funding cannot pay for direct lobbying.
- Grants cannot pay for expenses that have already been incurred.

How to Apply

If you have questions or need more information about eligibility, grant priorities, or requirements for grants please call (707) 267-9909 or email amyj@hafoundation.org

Submit sections A-E, postmarked, delivered or emailed by 5 pm on day of the deadline to:

Humboldt Health Foundation, 363 Indianola Road, Bayside, CA 95524 or info@humhealth.org

A. Grant Application Form

B. Proposal Narrative

- Number your responses in the order outlined below; 4 page maximum
 - Included below is information about what the Grant Committee is looking for in an *ideal* proposal. If your program or project isn't strong in all of the bulleted areas, that's ok. If you are working on community health and wellness issues, we encourage you to consider applying. It is recommended that you first contact Amy Jester to discuss your proposal so that she can help you determine whether to apply and how to frame the proposal so that it will be competitive: amyj@hafoundation.org or (707) 267-9909.
1. Summary of what you propose to do through this grant, including overview of target populations and why your organization is the right entity to take on this effort or issue
 - ***HHF's Grant Committee will award a maximum of 10 points for your response to this section when:***
 - ✓ *The summary is clearly written and program is in alignment with grant criteria;*
 - ✓ *The organization has the expertise and capacity to do the work exceptionally well*
 2. What you'll achieve and how you'll know if you're successful
 - ***HHF's Grant Committee will award a maximum of 25 points for your response to this section when:***
 - ✓ *Outcomes are significant and in alignment with grant criteria;*
 - ✓ *Objectives are defined and measurable;*
 - ✓ *Data is being collected to verify and document outcomes*
 3. Need for the service or project
 - ***HHF's Grant Committee will award a maximum of 20 points for your response to this section when:***
 - ✓ *The need is compelling;*
 - ✓ *Detailed demographics of the target population are included;*
 - ✓ *The proposal clearly describes why targeting specific populations is strategic;*
 - ✓ *Communities being served have given input to applicant, which has been used to understand the problem and make the program more effective;*
 - ✓ *Approach includes upstream, prevention, or policy work*

4. How the program improves the health of those with social or economic disadvantages, those experiencing systemic barriers to health, the underserved, and/or marginalized
- **HHF's Grant Committee will award a maximum of 20 points for your response to this section when:**
 - ✓ *Program addresses systemic factors influencing health of target populations;*
 - ✓ *Program integrates historical, cultural and social determinants*
5. Who is doing similar work in the communities with whom you'll be engaging? How and why do you work with them?
- **HHF's Grant Committee will award a maximum of 15 points for your response to this section when:**
 - ✓ *Applicant has great understanding of how other entities are working within the same field;*
 - ✓ *Partnerships and collaborations are comprehensive;*
 - ✓ *Applicant collaborates with diverse partners to address systemic barriers*
6. Timeline
- **HHF's Grant Committee will award a maximum of 10 points for your response to this section when:**
 - ✓ *Timeline is well planned, includes significant phases of the project and can be reasonably accomplished*
7. Brief description of your group or organization (no more than 250 words) and why you are in the best position to carry out this work
- **HHF's Grant Committee will award a maximum of 10 points for your response to this section when:**
 - ✓ *Programs and strategies are in alignment with organization's mission;*
 - ✓ *Populations served are reflected in or represented by staff or board;*
 - ✓ *Organization has the capacity and expertise to effectively do the work*
- C. Program/Project Budget**—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*)
- **HHF's Grant Committee will award a maximum of 10 points for your response to this section when:**
 - ✓ *Budget form is properly completed and attached to this application;*
 - ✓ *Budget and budget narrative describe an efficient and reasonable use of funds;*
 - ✓ *Objectives can be accomplished using the proposed budget*
- D. Up to 2 statements** from key partners or clients/community members about why this work is important (2 page maximum)
- **HHF's Grant Committee will award a maximum of 5 points for this section when:**
 - ✓ *Statement clearly describes why the program is important to the population served, and why applicant is the right organization to deliver the program*
- E. Signed Agreement to Grant Terms**

Note: Grant Committee may assign an additional 10 points to each application at their discretion



Community Health Grant Application Form

This form may be completed by hand. Please type your attached narrative and budget.

An electronic version of the application is available on our website – humhealth.org

About Your Organization

Organization:	Federal Tax ID#:
Is this a fiscal sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Contact Person:
Address:	Title:
City, zip:	Contact phone & fax:
Number of volunteers:	Contact email:
Number of employees:	Executive Director
Total revenue last fiscal year:	Executive Director phone:
Expected total revenue this fiscal year:	Executive Director email:

ABOUT YOUR PROPOSAL

Title of proposal:	
One sentence description of proposal:	
Amount requested:	Total cost of project:
Geographic region to be served (city, community, area):	
Who will benefit from this project (youth, seniors, disabled, etc.)?	
<p><i>Email this form, and items B-E described in application instructions (how to apply), to:</i> Humboldt Health Foundation 363 Indianola Road Bayside, CA 95524 info@humhealth.org</p>	
For more information visit us online at: www.humhealth.org (Go to: Organizational Grants)	
Questions? Call us at (707) 442-2417 or e-mail Amy Jester at amyj@hafoundation.org	

Please do not write in the box below. For office use only.

Program Manager: <u> AJE </u>	Committee: <u> ULPC </u>	Fund ID <u> ULSO </u>
Review Date: <u> </u>	Action: <u> </u>	Profile # <u> </u>
Grant Date: <u> </u>	Amount <u> </u>	Grant # <u> </u>
		Batch # <u> CHG819 </u>
Award Package (letter, grant report, photo release & folder): <input checked="" type="checkbox"/>		
Program Area: <input type="checkbox"/> ANML <input type="checkbox"/> COMM <input type="checkbox"/> ARTS <input type="checkbox"/> ENV <input checked="" type="checkbox"/> HEAL <input type="checkbox"/> TA <input type="checkbox"/> YUTH		

TOTAL PROJECT BUDGET

Note: Up to 50% of your grant request can be for general operating expenses

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

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

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

- In-kind contribution: 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 (list source)	Other Funding Sources		Total Budget
			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
Totals	\$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.

EMAIL, MAIL OR DELIVER APPLICATIONS TO:
Humboldt Health Foundation 363 Indianola Road, Bayside, CA 95524 info@humhealth.org
 Phone: (707) 442-2417 Fax: (707) 442-2382



COMMUNITY HEALTH GRANT

AGREEMENT TO GRANT TERMS

By signing this application form the applicant enters into an agreement with the Humboldt Health Foundation, a supporting organization of the Humboldt Area Foundation, which would take effect should the grant be awarded. The applicant attests that:

1. **ACCURACY:** The information contained in this application and in any attachments thereto is true and correct to the best of your knowledge.
2. **STATUS:** The applicant organization is a nonprofit charitable or public benefit (federal tax exempt) organization, public school, government agency, or Indian tribal government *or* has a qualified fiscal sponsor.
3. **USE OF FUNDS:** Understands and agrees that all grant funds will be applied to the project in accordance with the description and budget provided in this application as set forth in the award letter. Grant funds cannot be used to cover expenses that have been incurred prior to the date of the grant award. You are permitted to reallocate funds within the budget, provided the amount does not exceed 20% percent of the approved grant total and there is not a significant change in your expected outcomes. For example, the total project grant is \$10,000 and you want to move \$2,000 from Personnel to Program Supplies. This would not need a formal budget revision, but we would ask that you send us notification of such change taking place and the reason for the change. Requests for changes to reallocate more than 20% of the budget must be submitted in writing. If the revisions are not accepted or funds are not expended for the purpose and the manner agreed to by the grantee, the Foundation reserves the right to cancel the grant and any further payments and said funds must be returned to the Foundation.
4. **EXPIRATION:** Understands and agrees that grants must be paid within one year, unless otherwise specified. Any requests for extensions of time must be submitted in writing prior to the expiration date. Grants not paid or granted an extension can be cancelled without notice after the expiration date.
5. **AUDITS AND FINANCIAL REPORTS:** Understands that the Foundation may require periodic financial and narrative reports from the grantee covering use of the funds received from the Foundation and agrees to supply such information if requested. If necessary, (for example, if Humboldt Area Foundation is audited) an audit may be required.
6. **PAYMENTS:** Understands and agrees that the Foundation makes grant payments on a reimbursement basis. If special payment arrangements are needed, please contact the Grants Administrator.
7. **GRANT REPORT:** Understands and agrees that an evaluation report will be submitted to the Foundation upon completion of the project, by the due date specified in the grant award letter or by the new due date if granted an extension. A report form will be included with the grant award letter.

To indicate acceptance of the foregoing terms and conditions, please have an appropriate officer of your organization sign below. Funds will not be released without a signature on this agreement. Please retain a copy of this agreement for your files.

Accepted on behalf of:

Organization Name: _____

By (signature): _____

Title: _____

Print Name: _____

Date: _____