



COMMUNITY HEALTH GRANT GUIDELINES AND APPLICATION

2021 Deadline: 5pm Monday August 2

Grant size: \$2,000-10,000 (Average grant size is \$5,000-8,000)

If you would like to discuss your proposal, please contact info@humhealth.org to schedule an appointment with Program Director, Amy Jester, or call 707.267.9909

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

For more information visit us online at www.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
 - Given HHF's historic underfunding in the following regions, communities and issues, we are particularly seeking proposals from organizations serving these communities and addressing these issues:
 - Black, Indigenous and Communities of Color
 - LGBTQI+
 - Eastern Humboldt
 - Eel River Valley
 - Veterans
 - Mental and Behavioral Health
 - Substance Use Disorders
- Have potential to make significant community impact
- Are preventive or 'upstream'
- Bring people together to work on issues of community concern

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 <http://www.hafoundation.org/Grants-Scholarships/Fiscal-Sponsorship>). If you need help finding a fiscal sponsor, please contact info@humhealth.org or 707.267.9909.
- 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.

How to Apply

Need grantwriting support? Grantwriting coaching is available to grassroots organizations that support Black, Indigenous and People of Color. Contact Program Director, Amy Jester – amyj@hafoundation.org or 707.267.9909. Limited availability. Contact us today!

Submit sections A-E as a single pdf by 5pm August 2 via email to 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. Contact us to discuss your proposal so we can help you determine whether to apply and how to frame the proposal so that it will be competitive: info@hafoundation.org or 707.267.9909.
1. Summary of what you propose to do through this grant, including overview of populations served 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 really 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 document outcomes*
 3. Need for your work, 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 populations served are included;*
 - ✓ *The proposal clearly describes why supporting specific populations is strategic;*
 - ✓ *Communities being served have given input to applicant, which has been used to understand the issue and make the organization/program more effective;*
 - ✓ *Approach includes upstream, prevention, or policy work*
 4. How the organization, program, or project improves the health of BIPOC or others experiencing systemic barriers to health
 - **HHF's Grant Committee will award a maximum of 20 points for your response to this section when:**
 - ✓ *Organization/program addresses systemic factors influencing health of populations served;*
 - ✓ *Organization/program integrates historical, cultural and social determinants*

5. Who is doing similar work in the communities you're 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 in 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 organization's leadership, how it reflects communities served, percentage of staff leadership that identifies as BIPOC, and percentage of board that identifies as BIPOC

- **HHF's Grant Committee will award a maximum of 20 points for your response to this section when:**
 - ✓ Leadership reflects communities served
 - ✓ Leadership includes population level or higher percentage of BIPOC leaders

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*); 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.

- **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

For organizations applying for general operating support:

- ✓ Budget is balanced, accounts for key functions and priorities, and revenue and expenses are reasonable to the organizations work
- ✓ 70% of revenue is secured
- ✓ Statement of need for operating support is highly compelling

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 organization/program is important to the population served, and why applicant is the right organization to do the work

E. Signed Agreement to Grant Terms



Community Health Grant Application Form

Please submit this form and items B-E in one pdf via email to info@humhealth.org by 5pm 8/02/21

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:
Do you have a fiscal sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, use the space above to provide information about your group and the fiscal sponsor's tax ID number; use the space below to provide additional information about your fiscal sponsor)	
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.humhealth.org (Go to: Organizational Grants)	
Questions? Call us at 707.267.9912 or e-mail info@humhealth.org	

Please do not type 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> CHG821 </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		

PROGRAM/PROJECT BUDGET

Note: Up to 50% of your program/project grant request can be for general operating expenses; if you would like to apply for 100% general operating support, do not complete this form – 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

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

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

- 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:

707.267.9912 or info@humhealth.org



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 spent in accordance with the description and budget provided in this application. 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 up to 20% of the grant award, provided there aren't significant changes in your expected outcomes. For example, if 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 spent within one year of the grant award date, unless otherwise specified. Requests for extensions of must be submitted in writing prior to the expiration date.
5. **AUDITS AND FINANCIAL REPORTS:** Understands that the Foundation requires final financial and narrative reports be submitted by the grant expiration date, outlining how funds were used and impact of the related work. If necessary, (for example, if Humboldt Area Foundation is audited) an audit may be required.
6. **PAYMENTS:** Grants are paid upon official notice that the proposal has been approved.
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 information 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: _____