



HEALTH AND WELLNESS
FOUNDATION
OF PIKE COUNTY



Health Catalyst Grant

*Application and
Funding Guidelines*

About the Health Catalyst Grant

The Health Catalyst Grant is a new competitive grant that seeks to facilitate the development or expansion of health interventions by qualified providers serving Pike County, Illinois, and to serve as a catalyst for positively impacting the health of Pike County. HWFPC invites proposals from not-for-profit entities whose *projects span 1- 3 years and which are transformative; sustainable; and demonstrate the capacity to positively impact HWFPC's priority health concerns.*

Grant Awards

The Health Catalyst Grant awards up to \$15,000 annually per proposal and will accept multi-year proposals not to exceed 3 years or a maximum of \$45,000. Projects that are multiple year endeavors should clearly identify the funding needs each year of the program. The Call for Proposals begins in June, with grant recipients to be announced in October annually.

Funding Priorities

Through its Health Needs Assessment, HWFPC has identified the following prevailing health priorities and seeks to fund initiatives with comprehensive strategies that have positive and sustaining impact:

1. Mental and behavioral health
2. Obesity, nutrition, and exercise
3. Substance abuse and smoking cessation
4. Oral health and access to dental services
5. Access to food, shelter, and health care

Desired Outcomes

Through the Health Catalyst Grant, HWFPC intends to effect impact on its health priorities by investing in programs and evidence-based initiatives with quantifiable outcomes and measurable progress toward positive change. Interventions proposed in proposals should primarily address the Foundation's funding priorities as identified above. In order to amplify the impact of this grant, HWFPC prioritizes support for projects that strive to accomplish the following:

- Positively impact an identified health need,
- Leverage programs that can ultimately be sustained beyond HWFPC funding,
- Strengthen the social safety net,
- Implement collaborative approaches through development of shared tools, resources, protocols,
- Demonstrate and replicate research-informed, emerging and promising practices.

Areas of Interest

- ▶ Improving lives through better healthcare, through projects that engage in disease prevention, treatment, and patient education.
- ▶ Empowering lives through better education, through programs that improve access to comprehensive and accurate health education resources and learning opportunities.
- ▶ Enriching lives through healthier communities by supporting organizations that offer health care, human services programs, and opportunities to achieve a higher state of wellness.
- ▶ Addressing specific health concerns or disparities that have been identified as critical to the populations served in Pike County.

How to Apply

Eligibility

Applicant eligibility is based on the following criteria:

- A not-for-profit, tax-exempt organization under IRS Section 501(c) (3).
- Focus activities toward benefiting the health and wellness of Pike County, Illinois.
- May reside outside of Pike County, IL but must provide health services or programs to specifically serve Pike County.
- Be willing to openly share project challenges, results, and outcomes.

Applicants deemed ineligible based on the following:

- Is a private, for-profit providers, or religious organizations.
- Requesting funding for endowments, or general operating support.
- Directly or indirectly participates in political campaigns on behalf of candidates for political office.

Evaluation Criteria

All proposals meeting the application criteria and deemed complete will be taken into consideration. Projects are evaluated and selected or denied for funding by the HWFPC Board of Directors. Proposals will be judged on their ability to meet the Foundation's mission, address the county's most pressing health needs, and:

- Demonstrate broad community impact;
- Offer new and sustainable ways to address health problems or disparities;
- Address Pike County's most pressing health needs, including the at-risk or underserved;
- Exhibit high levels of collaboration between service providers and/or agencies;
- Reduce long-term costs or duplication of services;
- Incorporate sound programmatic and evaluation methods as building blocks for project success;
- Leverage outside financial resources.

Submission

Please provide one complete original and one complete copy of the proposal, including 2 copies of all attachments. Proposals that do not include all components detailed the Grant Application may be deemed as ineligible for consideration. Grant Applications should adhere to the following:

- Printed on 8 1/2" x 11" paper, single sided, double spaced, 12 pt. font and contain no more than 10 typewritten pages. Attachments are not counted as part of the page limit.
- Bound by staple or clip – not permanently bound.
- Not include materials not specifically requested, including: video tapes, brochures, or other materials.
- Sent by US Postal Service. Applications may be hand-delivered to the Foundation office only with prior arrangement. Email, Fax or other shipping submissions are not accepted.

Deadline

Completed applications are due at the Foundation office by mail no later than August 1 annually.

Mailing Address

Patricia McIntosh, Executive Director
Health and Wellness Foundation of Pike County
112 W. Washington, PO Box 81
Pittsfield, IL 62363

Notification of Funding

Healthy Catalyst Grant applicants will receive notification of the Foundation's decision to fund, deny, or defer the proposal for funding on or before December 31, 2021.

Questions

For more information or for questions about any of the information requested as part of this application, please contact the Foundation office at 217-285-6080 or by email at ichcf@aol.com.

Grant Application

I. Grant Application Cover Page

Provide the following information as a one page summary of the project for which you are seeking funding.

1. Organization's Legal Name:	
2. Address: Phone, Fax number Web Site	
3. Project Director Name: Phone/Email:	
4. Chief Executive Name: Phone/Email:	
5. Name /title/contact info. of person providing fiscal oversight:	
6. Tax ID Number:	
7. Project Title:	
8. Summary of Proposed Project:	
9. Project Start and End Dates:	
10. Organization's Operating Budget:	\$
11. Total Project Cost:	\$
12. Grant Amount Requested – per year:	\$
13. Project Manager Signature/Date:	
14. Chief Executive Signature/Date:	

II. Proposal Narrative

A. Organizational Background

1. **Organizational Profile:** Provide an organizational profile including: location and areas of service; the organization's current programs and/or services; mission statement; and the populations that benefit from those services/programs.
2. **History:** Give a brief narrative of the organization's history including: when, why and how the organization came into being; and any significant accomplishments realized by the organization.
3. **Financial:** Provide the organization's current Operating Budget including revenue and expenses. List all sources of revenue including: grants, fees, endowments, donations, membership, and any other. Define the organization's Fiscal Year.

B. Project Description

1. **Project Title/Name:** _____
2. **Is this a New or Existing Project?**
3. **Impact on the Community:** Describe the anticipated community benefits, changes, or improvements that will result from implementing the proposed project. Define the target population to be served; the number of individuals; their gender, age, or demographic characteristics. How will the target population be impacted? When possible, data sources should be referenced.
4. **Project Components:** What are the project components? Describe the specific activities, goals, programs and/or services to be implemented by the proposed project. If the project is multi-year, define activities to be accomplished in each year.
5. **Implementation Plan:** Describe how the project will be put into effect, including: the implementation timetable; duration of each activity; and staff involved in executing the project.
6. **Project Evaluation:** How will the proposed outcomes will be monitored, measured and evaluated. Provide the names of the individuals conducting the evaluation.

C. Collaborating Partners

Identify any collaborating organizations or entities involved in the project and the role they will play.

D. Program Sustainability

If the program is to be ongoing and will continue beyond the grant period identified in this application, describe how it will be financially sustained.

III. Budget

- A. **Requested Funding:** State the amount of HWFPC grant funding requested and the overall cost of implementing the proposed project. Describe specifically how HWFPC grant funding will be utilized, such as: new program implementation, equipment purchase, staff training, etc.
- B. **Multiple Year Projects:** If the project is for multiple years, up to 3, *the Project Budget should reflect funding needs for each year of the proposal.*
- C. **Funding Sources:** List all other funding sources to be utilized in implementing the proposed project, including: other grants, fees for services, in-kind, and/or collaborating partners.
- D. **Project Budget Summary (below):** In the format provided below, provide project totals for each expense category by funding entity, as appropriate to the project. If a multi-year grant is being sought, each year of the project budget should be provided.

PROJECT BUDGET CATEGORY	TOTAL PROJECT BUDGET	HWFPC REQUESTED	GRANTS/OTHER FUNDING	APPLICANT FUNDED
1. Salary and Wages				
2. Fringe Benefits				
3. Contractual Services (consultants, legal, accounting)				
4. Supplies (office, educational, medical)				
5. Equipment				
6. Marketing and Advertising				
7. Training and Professional Development				
8. Travel and Meetings				
9. Occupancy (rent, utilities, telephone, internet)				
10. Other				
PROJECT TOTALS:	\$	\$	\$	\$

E. Project Budget Detail

Provide a narrative of every line item (as applicable) explaining how each relates to the project.

1. **Salary and Wages:** List staff positions directly associated with implementing the project. Personnel involved in the project but not employed by the organization should be listed under Contractual.
2. **Fringe Benefits:** Show the total of allowable fringe benefits and rate for the personnel listed under Category 5.A. Salary and Wages.
3. **Contractual Services:** Costs associated with vendors, consultants, or sub-contractors used in the project, which may include: legal services, maintenance contracts; etc.
4. **Supplies:** List the consumable materials or equipment with a value under \$500, including: postage; software; medical supplies; and/or educational materials required by the program.
5. **Equipment:** List items integral to the proposed project in excess of \$500 and with a useful life of more than two years, including: medical equipment, office equipment, computers, printers, etc.
6. **Marketing and Advertising:** Describe costs associated with project-related marketing activities including: print promotions; collateral materials; media and advertising fees.
7. **Training and Professional Development:** List the type of training and costs associated with staff training or professional development required to implement the proposed project.
8. **Travel and Meetings:** Identify travel necessary to implement the project including: destination, number of travelers, transportation mode, mileage/ rate of reimbursement, meals; and lodging.
9. **Occupancy:** List any facility costs with implementing the project including: rent/ utilities. Occupancy should only be included if new/additional space is required to implement the project.
10. **Other:** Costs not included in other Budget areas should be identified and described here.

IV. Required Attachments

For the application to be considered complete, the following documents must be attached.

1. IRS Determination Letter validating the organization’s tax-exempt status.
2. The most recent Audited Financial Statement and accompanying Management Letter, or a copy of the most recent 990 IRS Filing.
3. Current Board of Directors List and contact information
4. A minimum of three Letters of Support.
5. If previously funded by HWFPC, a copy of the last Grantee Report submitted.

Applicant Certification

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction with this application and to the best of my knowledge, the information contained within this application is accurate, correct and complete. I represent that I am the person authorized to submit this application on behalf of the applicant organization and that I am authorized to execute a legally binding grant agreement on behalf of the applicant organization if this grant is approved for funding.

Applicant Chief Executive Signature

Date

Printed Name

Title

_____ HWFPC Authorized Signature	_____ Date
_____ Printed Name	
_____ Title	