

# Highmark BCBS Delaware BluePrints for the Community Special Grant - Social Determinants of Health

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*Delaware Community Foundation*

## ***I. ORGANIZATION INFORMATION***

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### **Name of Executive Director\***

*Character Limit: 100*

### **Executive Director Contact Number\***

*Character Limit: 10*

### **Executive Director Email Address\***

*Character Limit: 254*

### **Organization Website Address\***

*Character Limit: 2000*

### **How Many Years Has the Organization Been In Operation?\***

*Character Limit: 3*

### **Brief Organization Overview\***

*Character Limit: 250*

### **Organization's Annual Operating Budget\***

*Character Limit: 20*

### **Geographic Area(s) Served (list)\***

For example: Statewide, New Castle County, Kent County, or Sussex County

*Character Limit: 1000*

### **Name and Title of Contact Person of Purposes of This Grant Application\***

*Character Limit: 250*

### **Contact Person's Email Address\***

*Character Limit: 50*

**Contact Person's Telephone Number\***

*Character Limit: 10*

## **II. GRANT PROPOSAL INFORMATION**

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**Program/Project Name\***

*Character Limit: 100*

**Amount Requested\***

Guidelines are \$50,000 - \$200,000

*Character Limit: 20*

**Program/Project Start Date\***

*Character Limit: 10*

**Program/Project End Date\***

*Character Limit: 10*

**Total Program/Project Budget\***

*Character Limit: 20*

**Other Funding\***

Please include a list of all other funding sources for this Program/Project only, including the amount of the contribution. Also list requests that are pending or that were not funded, including the requested amount.

*Character Limit: 150*

**Program/Project Overview\***

Explain clearly what the project will address. Describe the specific uses of funds for the Program/Project.

*Character Limit: 2500*

**How Does the Program/Project Address Social Determinants of Health?\***

- Describe the Program/Project's response, if applicable, to challenges related to the pandemic and/or social inequity.
- Is the most disadvantaged in terms of health or social equitable opportunities achievable? If yes or no, please explain.

*Character Limit: 2500*

### Is This a New Program/Project or Expansion of a Current Program/Project?\*

If this project is current, to date, what are the actual number of participants being directly served and their demographics?

*Character Limit: 2000*

### Organization Experience\*

- Does the organization have experience providing services to the identified population/community?
- Does the organization have the experience (qualifications, credibility, reputation, history, past success, etc.) to administer this kind of work; if not, do they clearly demonstrate and provide evidence of likely success?

*Character Limit: 2500*

### Targeted Population\*

- Provide the actual number of participants being served
- Provide the number of participants directly being served and their demographics ( *i.e.* *age, race, gender, socio-economic status, and income*).

*Character Limit: 2500*

### Program/Project Area(s) Served\*

Please provide the Program/Project area and community or number of participants that will be served in that area. For example, Statewide, Wilmington, New Castle County, Kent County, or Sussex County

*Character Limit: 2500*

### Impact and Measures of Success\*

- What are the expected outcomes and performance measures for this Program or Project?
- What indicators or metrics have been identified to measure outcomes and performance?
- Is the most disadvantaged in terms of health or social equity opportunities achievable?

*Character Limit: 2500*

### How Do You Incorporate the Values of Diversity, Equity and Inclusion (DEI) in Operations?\*

For example, do you incorporate the perspectives of the population served in program design and delivery?

*Character Limit: 2500*

## What Are the Demographics of Your Organization and Your Organization's Board of Directors?\*

For example, ethnicities/race, gender, etc.

*Character Limit: 500*

## Please List Any DEI Goals Your Organization Hopes to Achieve in the Future.

For example, developing a more diverse board of directors, conducting yearly cultural competency trainings with staff, active inclusion of diverse vendors, mechanisms for senior accountability for DEI performance, etc.

*Character Limit: 2500*

## Timeline\*

Please provide a timeline of the proposed Program/Project, including key milestones.

*Character Limit: 500*

## Partnership/Collaboration\*

Does the program or project include partnerships or collaborations with other organization(s)? If so, what organization(s)? Provide a detailed description of the partnership/collaboration.

*Character Limit: 2000*

## Has the Organization Received Any Funding Within the Last 3 Years From BluePrints?\*

### Choices

Yes

No

## II.I FUNDING WITH HIGHMARK BLUEPRINTS

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### For What Program/Project and How Much Funding Did You Receive from BluePrints?\*

*Character Limit: 250*

## III. REQUIRED DOCUMENTS

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### Please Upload a Copy of the Most Recent Audited Financials and IRS Form 990\*

*File Size Limit: 6 MB*

### Program/Project Budget\*

*File Size Limit: 2 MB*

## Organization Budget\*

*File Size Limit: 4 MB*

## Board List\*

Please upload a list of your organization's board of directors.

*File Size Limit: 1 MB*

## IRS Determination Letter\*

*File Size Limit: 1 MB*

## Provide Other Supporting Documents Here

*File Size Limit: 5 MB*

## *PAYMENT PROCESSING*

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Grants will be processed through Direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to award grants to your organization.

### Authorization of Payment\*

I (we) authorize the Delaware Community Foundation ("Company") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debts) as follows:

#### Choices

Checking Account

Savings Account

### Attach Bank Details (Voided Check or Letter from Bank)\*

Please attach either a voided check or a letter from the bank verifying your account number. This will allow for accuracy of bank details and for efficient payment processing.

*File Size Limit: 6 MB*

### Signature: Payment Processing Authorization: By typing your name below:\*

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

*Character Limit: 50*

## *ACKNOWLEDGEMENT*

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### **Applicant Authorization\***

Please indicate which applies

#### **Choices**

I am the Authorized Personnel to submit this application on behalf of the organization

I am the Executive Director/CEO authorized to submit this application on behalf of the organization

### **Signature of Executive Director/CEO or Authorized Personnel\***

I acknowledge by typing my name below is an electronic representation of my signature for all purposes of completion of this grant application and have authorization as the Executive Director/CEO or authorized personnel to submit this application on behalf of the organization.

*Character Limit: 100*