

Highmark BCBSD BluePrints for the Community - SMALL Grants

Delaware Community Foundation

I. ORGANIZATION INFORMATION

Full Name of Executive Director/CEO*

Character Limit: 100

Executive Director/CEO Contact Number*

Character Limit: 10

Executive Director/CEO Email Address*

Character Limit: 254

If Your Organization is a Subsidiary, Please List the Parent Organization

Character Limit: 250

If Applicable, Please List the Organization if Fiscally Sponsored* and Explain*

*Please upload documentation verifying your Fiscally Sponsored relationship below.

Please put n/a if this does not apply.

Character Limit: 250 | File Size Limit: 1 MB

How Many Years Has the Organization Been in Operation?*

Character Limit: 3

Organization Website Address*

Character Limit: 2000

Brief Organization Overview*

Character Limit: 500

Organization's Annual Operating Budget*

Character Limit: 20

Organization Geographic Area(s) Served (Please List)*

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

Character Limit: 1000

Name and Title of Contact Person*

Character Limit: 250

Contact Person's Email Address*

Character Limit: 50

Contact Person's Telephone Number*

Character Limit: 10

II. SMALL GRANT PROPOSAL INFORMATION

Program/Project Name*

Character Limit: 100

Please Check Which of the BluePrints Priority Areas Your Program/Project will Address.*

Please check all that apply:

Choices

- Increasing access to health care for uninsured/underserved
- Reducing health disparities in minority communities
- Supporting early childhood development with initiatives focused on health
- Recruiting and training health care professionals
- Addressing social determinants of health
- Other

If You Checked Other, Please Describe

Character Limit: 250

Amount Requested*

Guidelines are maximum \$20,000.

Character Limit: 20

Program/Project Start Date*

Please note: Start date should be within the current year and within at least 3 months of the program/project launching.

Character Limit: 10

Program/Project End Date*

Character Limit: 10

Program/Project Budget*

Character Limit: 20

Other Funding*

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

Character Limit: 250

Program/Project Overview*

- Explain clearly how the proposed program/project will address the BluePrints priority area(s) your organization checked and/or describe the need for the proposed program/project.
- Define and describe clearly how your proposed program/project intends to address the problem (if any) or need.

Character Limit: 2000

Program/Project Implementation*

Please describe how the proposed program/project will be implemented.

Character Limit: 2000

Timeline*

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

Character Limit: 1000

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 people being directly served and their demographics?
- If you were to receive BluePrints funding, please share your organization's plans to sustain this program/project beyond this grant and if you do not receive BluePrints funding, how do you intend to fund this program/project and make it sustainable?

Character Limit: 1500

Organization Experience*

- Please list/describe the organization's experience (if any) providing health services to the identified population/community.
- Does the organization have the experience working with this population/community (qualifications, credibility, reputation, history, past success, etc.) to administer this kind of work; if not, does the organization clearly demonstrate and provide evidence of likely success?

Character Limit: 1000

Targeted Population*

- Provide the actual number of people to be served

- Provide the number of people to be directly served (unduplicated) and their demographics (*i.e. age, ethnicity, gender, socio-economic status, and see below for income*).

**If this is a Housing/Building project, please enter the number of units to be completed. If this is a Neighborhood and Built Environment project, please enter the number of new sidewalks, walking paths, etc. to be completed.*

Character Limit: 1500

Income Limits*

As applicable, please identify the income limits of the target population

Choices

Low-Income (<50% of median income)

Low-Moderate-Income (50% - 80% of median income)

Upper-Income (>80% of median income)

All of The Above

Does Not Apply

Please note: Per HUD FY 2020 Low (80%) Income Limits. Median Family income \$96,600, Preliminary 4-Person Low-Income Limit Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA \$77,300

Please List the Percentage of Each Population Checked*

For example, 60% of the population to be served will be Low-Income, 20% of the population will be Low-Moderate Income and 20% of the population will be Upper-Income. **Totaling 100%**
Please enter n/a if this does not apply.

Character Limit: 250

Program/Project Area(s) to be Served*

Please provide the Program/Project area and number of people/community that may be impacted. Please *also* list by city, town or zip code if applicable.

Character Limit: 1000

Impact, Measures of Success and Expected Outcomes*

- How will you evaluate this program/project's impact? Please list/describe the proposed goals, strategies or tangible activities that will address the need or problem.
- What indicators or metrics have been identified to measure those goals, strategies or activities that you plan to achieve?
- What are the expected health outcomes and/or performance measures?

Character Limit: 2000

Partnership/Collaboration*

- Does the program or project include partnerships or collaborations with other organization(s) or local residents or will bring local residents/community organizations together? If so, what organization(s)/communities?
- 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

Diversity, Equity, and Inclusion (DEI)*

The Delaware Community Foundation would like to collect demographic data on your Board of Directors and the population your organization serves. **Please note that answers to these questions will not affect the ranking of your proposal.**

Incorporating the values of Diversity, Equity, and Inclusion are important at the DCF and we are committed building opportunity for all. To be successful, we know that a focus on equity is crucial. The DCF has made several organizational commitments.

We would like to hear from you on how your organization is incorporating DEI values:

For example, Has your organization hosted cultural sensitivity training for staff and/or board of directors? Is your organization seeking out cross-cultural experiences that encourage awareness of other cultures or spend a day in the life of the community members you serve?

Character Limit: 750

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: 1000

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

For example, please list the ethnicities/race, gender, etc. Breakdown makeup. e.g.: 4 men, 4 women, and 1 African American, 1 Caucasian, 2 Asian, 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: 2000

II.I FUNDING FROM HIGHMARK BLUEPRINTS

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

Character Limit: 250

III. REQUIRED DOCUMENTS

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

File Size Limit: 9 MB

Please Upload a Detailed Program/Project Budget*

The program/project budget should be specific to the funding you are requesting from BluePrints. Please provide a detailed budget illustrating how much money will be used for each line item, including projected costs which should be clearly relevant to the proposal. Also, include a budget narrative describing how the proposed funds will be used.

File Size Limit: 4 MB

Organization Budget and Balance Sheet*

File Size Limit: 5 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

Fiscal Sponsorship

Please attach documentation verifying your fiscally sponsorship relationship if applicable.

File Size Limit: 1 MB

Provide Other Supporting Documents Here

File Size Limit: 5 MB

PAYMENT PROCESSING

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 if awarded.

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

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