

2018 Equity Strategic Health Initiative Grants Cycle

Horizon Foundation

Funding Request

Requesting Organization*

Character Limit: 100

Brief Description of Funding Request*

Please provide a brief 4-5 sentence description of this funding request.

Character Limit: 1000

Amount Requested*

Amount requested not to exceed \$100,000 for one year.

Character Limit: 20

Area of Focus*

Choices

Ensuring a More Equitable Community

Gender*

Who is the targeted group for this funding request?

Choices

Females Only

Males Only

Both

Age Groups*

Which age group will PRIMARILY benefit from this funding request?

Choices

All age groups

Infants/Children (0-12 years)

Adolescents/Youth (13-18 years)

Adults (19-64)

Senior Citizens (65 and over)

Disabled Populations*

Are the disabled a targeted group who will benefit from this funding request?

Choices

Yes

No

Foreign-Born Populations*

Are foreign-born populations a targeted group who will benefit from this funding request?

Choices

Yes

No

Ethnicity*

What is the PRIMARY racial group(s) that will benefit from this funding request?

Choices

All

African-American

Asian

Caucasian

Hispanic

Other

Equity Impact Goals

Equity Impact Goals*

While grantees will receive technical assistance to refine and develop equity campaign goals and strategies, can you name a policy/campaign goal you have done in the past or considering for the future towards building a more equitable community?

Character Limit: 3000

Impact Strategies*

What are your proposed key strategies for making this happen?

Character Limit: 3000

Impact Capabilities*

What are the organization's capabilities for doing this work? Consider your vision, community partnerships, staff & volunteer resources, or other resources and skills that make your organization qualified to do this work.

Character Limit: 3000

Impact Indicators*

How will you know if you are making progress?

Character Limit: 3000

Organizational Readiness

Do you have experience or a process for building a base of members and leaders and engaging them in structured, regular leadership development activities? If yes, please describe.

Character Limit: 3000

Have you ever developed goals and objectives for effecting change on an institutional, community, systems, city- and/or county-wide level? If yes, please describe.*

Character Limit: 2000

Organizational Capacities*

Briefly describe your organization's capacity and readiness to implement the proposed equity work.

Character Limit: 2000

Are the needed organizational capacities in place?*

Choices

Yes

No

If no, could you briefly describe what type of support your organization will require to implement the proposed equity work?

Character Limit: 1000

Key Staff/Volunteers*

While technical assistance will be provided to help identify key team members, please list proposed names, qualifications, and job descriptions for 5 key staff and/or volunteers responsible for participating in the Equity Collaborative **OR** attach resumes (using the **Choose File** button below).

Character Limit: 2000 | File Size Limit: 2 MB

Organizational Partners

If applicable, describe your organization's/collaborative partners' experience and track record with advocacy and/or community organizing.

Character Limit: 1000

Partnering Organization Letters

Upload letters of support from any potential partners identified in the previous question.

File Size Limit: 2 MB

Partial Funding*

If this request is partially funded by the Horizon Foundation, can the equity work still continue?

Choices

Yes

No

Partial Funding Changes

If you answered 'Yes' to the previous question, what will change?

Character Limit: 1000

Sustaining the Program*

How do you plan to sustain your work at the end of the grant period, if a grant is awarded? In addition to describing strategies for attracting new contributions, include in your answer any future funders, alternative sources of earned income and any ways you might reduce costs.

Character Limit: 1000

Budget & Financial

Please upload a supporting equity program budget.

Include separate amounts for salaries (specify individual salaries, and whether full-time or the % part-time); payroll taxes; fringe benefits; consultants and professional fees; travel; equipment; supplies, printing and copying, phone, fax and other communications; postage; rent/occupancy costs; utilities; maintenance; evaluation; other (specify each as a separate item).

Definitions:

- Personnel – salary and fringe benefits costs.
 - Other Direct Costs – office operations, communications/marketing, travel, meeting expenses, and project space.
 - Purchased Services – consultant and/or contract costs.
 - Indirect Costs – administrative expenses related to overall operations.
 - Other Support – cash match and in-kind support.

Upload Program Budget and Narrative*

File Size Limit: 2 MB

Standards of Excellence

Has your organization met any of the following standards?*

Choices

BBB Standards of Accountability

MANO Standards for Excellence

Industry specific standards

None of the above

Industry Specific Standards

If you chose **Industry specific standards** above, please describe the requirements and standards met.

Character Limit: 250

Did at least 3 of your team members attend the Equity Workshops hosted in September 2018?

Choices

Yes

No

If yes, please list workshop attendees:

Character Limit: 500

Did at least 3 of your team members attend the Equity Summit hosted in November 2018?

Choices

Yes

No

If yes, please list attendees:

Character Limit: 500

Additional Uploads

Current Operating Budget*

Upload your organization's current operating budget

File Size Limit: 2 MB

Financial Audit

If available, upload your organization's most recent financial audit.

File Size Limit: 4 MB

Organizational Information

Organization Type*

What is the primary purpose of your organization?

Choices

Human Service

Government Entity

Education

Other

If you chose 'Other' above, please specify.

Character Limit: 50

Mission and Goals*

Provide a brief statement of your organization's mission and goals.

Character Limit: 1000

Activities and Programs*

What are your organization's main activities and programs?

Character Limit: 1000

How many total staff (full- and part-time) does your organization have?*

Character Limit: 5

Please provide information about your organization's leadership demographics.*

What is the percentage of people of color in leadership (board and senior staff)?

Choices

25% or less

26% to 40%

41% to 100%

Budget Deficits*

Has your organization ended any of the past 3 years with a deficit?

Choices

Yes

No

If you answered 'Yes' above, please explain.

Character Limit: 1000

Board Approval/Support of Proposal*

Upload a letter from the chair of your board of trustees or comparable agency official, or meeting minutes that clearly indicate board approval/support of this funding request.

File Size Limit: 2 MB