

Design Grant - Innovation Lab Round V Fall 2021

Note to Applicant

Fiscal Sponsorship: If the applicant is using a fiscal sponsor, the applicant should complete this application and add the fiscal sponsor required information at the end of the application, i.e. name, contact information, etc...

Character Limits: Character Limits have been set to the maximum limits. Applicants are not required to meet the maximum character limits.

Technical Assistance: If, at any point in this application process you need technical assistance, please contact Clare Strenger via email via this link.

Hyperlinks: Multiple hyperlinks are included so that you may gain additional information relevant to questions in this application.

Translation: To view the application in another language, please use the "Select Language" feature in the upper left corner of your screen. NOTE: Answers to questions MUST be in English.

Request/Project Overview

Project Name*

Enter a brief name for your project.

Character Limit: 250

Project Summary*

Provide a brief (2-3 sentences) summary of your project. If awarded, this description will be used on our Foundation website.

Character Limit: 10000

Project Opportunity*

Given the challenges presented by the pandemic, why is this the moment to pursue this project?

Character Limit: 10000

Amount Requested*

Enter the amount of support you are requesting, from \$3,000 to \$30,000.

Character Limit: 20

Project Start Date*

Enter the anticipated date the project will to start. Note that the Foundation intends to award funds by the end of December for anticipated project start dates beginning as early as January 2022.

Character Limit: 10

Project End Date*

Enter the anticipated date you expect the project will be completed. The project is to be completed no later than nine months after the grant award date.

Character Limit: 10

Targeted Fund (Internal)*

Select the Targeted Fund for this request.

Choices

All Targeted Funds
Food Security & Nutrition Fund
Health Opportunities Fund
Housing Fund
N/A - Matching Grants
Resiliency Initiative

Project Description*

Describe the intended goal(s) of the project. Specifically identify which goal(s) the project will pursue, as outlined in the Safety Net Resiliency Initiative Framework. Explain the rationale for your project's focus and the potential for informing improvements in Montgomery County's safety net.

Character Limit: 10000

Project Activities and Timeline*

Describe the project activities and anticipated timeline.

Character Limit: 10000

Partners

Please provide the legal name and Tax ID for the intended project partners and provide a brief description of the criteria used to select each partner (e.g., networks, representative of/experience with intended population, program/service experience, resource sharing, etc.). What might your partnership make possible that otherwise would not be possible?

Lead Organization (Partner #1)*

Please provide the legal name, Tax ID, how the partners selected the lead organization, what is the role(s) of the lead organization, and what value might your partnership make possible that otherwise would not be possible? Please note - this is not a fiscal intermediary.

Character Limit: 10000

Partner #2

Please provide the legal name, Tax ID, selection criteria, and what value might your partnership make possible that otherwise would not be possible?

Character Limit: 10000

Partner #3

Please provide the legal name, Tax ID, selection criteria, and what value might your partnership make possible that otherwise would not be possible?

Character Limit: 10000

Partner #4

Please provide the legal name, Tax ID, selection criteria, and what value might your partnership make possible that otherwise would not be possible?

Character Limit: 10000

Collaboration Goals*

Explain how the partners intend to manage the project, nurture relationships, address disputes, celebrate accomplishments, and develop work plans, schedules and contingencies should a need arise.

Character Limit: 10000

Board Support*

Describe what input the boards of all partners have provided to support participation in this partnership and how they have been engaged. Describe how other staff in the organization have been engaged or informed of this effort.

Character Limit: 10000

Design Grant Innovation Lab V Grant Outcome and Evaluation*

Design Grants fall into two basic categories: proof of concept, meaning the grant is attempting to evaluate how to provide programs/services differently; and small-scale pilot projects, where the concept already exists but the necessary evidence to implement this work on a broader scale has not yet been gathered.

- Proof of Concept requests should describe the key idea and questions your grant project seeks to answer. Please cite the sources of data you have used to frame this opportunity.

- Pilot Projects should describe the outcomes that you will measure and the processes you will use to measure them. Pilot projects are demonstrations that help nonprofits gather information necessary to inform strategic and business decisions.

Character Limit: 10000

Financial Resiliency and Sustainability*

Fiscal uncertainty is placing added strains on an already fiscally strained safety net system. HealthSpark Foundation is interested in learning about ideas to use existing funds, public and private, more effectively. Please explain: 1) how the project might contribute to cost-savings or more effective use of existing funds in providing safety net services, 2) reasoning for allocation of funds to each partner, and 3) strategy for financially sustaining this work.

Character Limit: 10000

Building Capacity to Advance Racial and Social Justice*

Explain how this project will support the safety net system's capacity to advance racial and social justice. This could include research, advocacy, community engagement, changes to organizational policies and practices, etc.

Character Limit: 10000

Racial Equity Learning Community*

The Bucks-Mont Collaborative, Interagency Council of Norristown, and Tri-County Community Network have developed a Racial Equity Learning Community. Please indicate if your organization is one of the 33 initial cohort participants.

Choices

Yes
No

Here for Us Advocacy Coalition*

Please indicate if you are a member of the coalition.

Choices

Yes
No
Need more information

Innovation Lab Learning Cohort Participation Commitment*

Do you and your partners commit to participating in up to four Innovation Lab Learning Cohort sessions during the course of the project term?

Choices

Yes
No
Need more information

If you answered "no" to any of the questions above, please provide more information as to why (e.g. barriers, challenges, limited resources).

Character Limit: 10000

Organizational Information

Organization Legal Name*

Please enter the organization's legal name (the name that is recognized by the IRS) that would be the recipient of a grant if awarded.

IMPORTANT If your organization has a relationship with a fiscal sponsor, enter the legal name of the fiscal sponsor below.

Character Limit: 250

Fiscal Sponsor Information

If applicable, please enter the following information for the fiscal sponsor - Contact Name, Contact Email Address, Website URL, Tax ID, Full Address, and Phone Number.

Character Limit: 10000

Tax Status (Internal)*

Reason for Non-Private Foundation Status

Choices

509(a)(1)

509(a)(2)

170(b)(1)A(ii)

170(b)(1)A(1)

Year Founded*

Please enter the date the organization was established.

Character Limit: 250

Total Revenue*

Character Limit: 20

Total Expenses*

Character Limit: 20

Fiscal Year Start*

Character Limit: 250

Fiscal Year End*

Character Limit: 250

Budget & Financials

Project Budget*

Please upload your Project Budget. If you would prefer to use the foundation's template, please download and complete this budget form and then upload that document.

The budget should describe how the partners are planning to approach this work. A budget narrative describing the underlying assumptions used to create the budget should be included. The budget and narrative should clearly state the types of anticipated expenditures, allocation of funds to each partner, and list the source and amount of any other financial support for the project.

File Size Limit: 4 MB

Please note: The foundation recognizes overhead is an essential cost of providing high quality services and when nonprofits are able to cover their overhead they do better work for communities and contribute to a resilient safety net system. Accordingly, no limits on indirect or overhead costs are being imposed. In most instances, if a grant is awarded, it will be provided to the organization in the form of an unrestricted grant.

In your budget narrative, please provide an explanation for how your indirect cost for your organization and/or project are determined.

Organizational Budget*

Upload the applicant/lead organization's board approved annual operating budget for the current year.

File Size Limit: 4 MB

Current Financial Statements (balance sheet and income statement)*

Provide the most current statements for the applicant/lead organization provided to your Board of Directors.

File Size Limit: 1 MB

Audited Financial Statements*

Please upload the most recently completed audited financial statements. If your organization does not have an audit, please upload the most recently completed financial statements, either a compilation or review or internally generated reports.

If you have any questions or your organization does not have these documents, please contact John Ramirez via e-mail via this link.

File Size Limit: 11 MB

Verification & Signature

Disciplinary Action*

Please describe any open or pending matters of licensure violations or disciplinary actions (if applicable) involving the lead organization, fiscal intermediary, applicant or partner organizations. If none, please indicate by stating NONE.

Character Limit: 10000

Litigation*

Please describe any open or pending matters of litigation involving the lead organization, fiscal intermediary, applicant or partner organizations. If none, please indicate by stating NONE.

Character Limit: 10000

Agreement*

By entering your information above and clicking "I Agree" below, you certify that the statements contained in this application are true and correct to the best of your knowledge and belief. You also agree that if selected, you will use the funds granted for the purpose as proposed and approved by HealthSpark Foundation.

If you are awarded a grant as a result of this application, you agree to participate in: 1) periodic HealthSpark staff on-site or virtual visits; 2) Community of Practice meetings that engage the community in learning and sharing "lessons learned" through the pilot work; 3) facilitated group learning and evaluation discussions; and 4) sharing the nature of your work through interactions with consumers and the community.

Choices

I Agree

I Do Not Agree

Application Verification*

Enter your full name, job title and the date of application submission (e.g., Jane Doe, Executive Director, November 1, 2021).

Character Limit: 250

Authorized Organizational Contracting Contact Information*

Enter the contact information for the organization's officer with authority to enter into a grant agreement contract, should a grant be awarded. Please provide the full name, title, email address and phone number. If you are using a fiscal sponsor, it is that entity's authorized officer's contact information that should be entered here.

Character Limit: 10000

Length of Time to Complete Application

Please share the approximate amount of time it took you to complete this application and any other feedback you would like to share with us.

Character Limit: 10000