

Safety Net Fund - Fall 2023

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

Request or Application Name*

Enter a brief name for your project/use of funds requested.

Character Limit: 250

Use of Funds*

Please select the type of funding you are applying for.

Choices

General Operating Support

Program Support

Request 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

Amount Requested*

Enter the amount of support you are requesting.

Character Limit: 20

Project Start Date*

Enter the anticipated date the project will start.

Character Limit: 10

Project End Date*

Enter the anticipated date you expect the project will be completed.

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

Goals*

Describe the intended goal(s). How does this align with the Safety Net Initiative Framework?

Character Limit: 10000

Description*

Explain the rationale for your request focus, the potential for informing improvements in Montgomery County's safety net system, your expected outcomes, and how you will know you are making progress. Discuss the following questions:

- How does your organization support and leverage collaborations and partnerships to improve your work and the safety net system?
- What do you expect to learn from the project?

Character Limit: 10000

Grant Activities and Timeline*

Describe the activities and anticipated timeline for the next year.

Character Limit: 10000

Who will benefit and be served through your proposed work?*

Please be as specific as possible (e.g., geography, demographics of population served, gaps being addressed, community, institutional, and individual needs being met.)

Character Limit: 10000

Additional Information

Board Support*

Describe what input your board, and if applicable, the boards of all partners, have provided to support this project. If applicable, describe how other staff in the organization have been engaged or informed of this effort.

Character Limit: 10000

Community Served*

How does your organization's staffing, board governance, and work reflect the community you serve?

Character Limit: 10000

Building Capacity to Advance Racial and Social Justice*

Explain what steps your organization has taken to build its capacity to integrate racial and social justice in its work. In addition, 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

Measuring Success*

How will you measure success?

Character Limit: 10000

Additional Resources Needed*

Besides funding, what other supports/resources might you need to realize your vision?

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 has participated or plans to participate.

Choices

We have participated in the past.

We plan to participate.

We do not plan to participate.

We need more information.

Grant Report Options*

How would you like to report back to HealthSpark on the outcome of your grant award?

Choices

Online follow up report

Video

In person/virtual meeting

Share application with VNA Foundation*

Would you like us to share your application with VNA Foundation of Greater North Penn for their upcoming grant cycle? If you agree, the VNA will reach out to you directly to request any additional information needed to complete their application.

Choices

Yes, our organization consents to this.

No, we do not wish to participate.

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