

Dr. Frank E. Boston Black Justice Fund

Notes

Note to Applicant:

This grant opportunity offers unrestricted, general operating support. The Fund anticipates funding up to an initial 10 organizations with grants up to \$15,000 per organization.

Funds are not available for individual scholarships or to reimburse for tuition or other personal expenses. However, if an organization seeks grant support to train its staff, this is an acceptable request provided the grant funds are not earmarked to a specific person (e.g., a grant to train Ms. James).

Request

Project Name*

Enter a brief name for your project.

Character Limit: 100

Amount Requested*

Enter the amount of support you are requesting. Please note: **The maximum amount is \$15,000.**

Character Limit: 20

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
Black Justice Fund

Grant Start Date*

Enter the anticipated date the grant funds will start being used.

Character Limit: 10

Grant End Date*

Enter the anticipated date you expect the grant funds to be fully spent.

Character Limit: 10

(1) Grant Award Impact*

If your organization is awarded a grant, it will be a grant for general operating support. How will the funds make a meaningful difference for your organization and the community? Will this funding support partnership and collaboration to sustain your work around power-building, storytelling, and/or leadership development. Identify the organization names of key partners.

Character Limit: 10000

Learning Community*

Would you be willing to participate in a Learning Community with other grantees and community organizations (anticipate meeting quarterly for 2-hour sessions)? (Note: Grant funds may be allocated to support your participation in these sessions.)

Choices

Yes

No

Organization Information

Tax Exempt Status*

Is your organization a 501(c)(3)?

Choices

Yes

No

Fiscal Sponsor Status

If you are not a 501(c)(3), is your organization fiscally sponsored?

Choices

Yes

No

Fiscal Sponsor Information

If you answered yes above, please provide the name and EIN of the fiscal intermediary.

Character Limit: 10000

(2) Leadership*

Does your organization self-identify as Black-led?

Choices

Yes

No

(3) Geographic Location*

Do more than half of your organization's clients reside in Montgomery County?

Choices

Yes

No

(4) Community Served*

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

Character Limit: 10000

(5) Organizational Activities*

How does the work of your organization align with the intention of the Dr. Frank E. Boston Black Justice Fund (see link to grantmaking objectives of the BJJF)? Why are you interested in applying to this Fund?

Character Limit: 10000

(6) Power-Building. Storytelling. Leadership Development*

How does your organization approach power-building, storytelling, and/or leadership development in your community? Describe specific programs, activities, goals, etc.

Character Limit: 10000

(7) Organizational Decision Making*

How does the community you serve inform organizational decision making (i.e. focus groups, representation on the board, client surveys, outcomes data, etc...).

Character Limit: 10000

(8) Collaboration/Partnership*

Do you partner with other organizations? If so, how do you approach collaboration and partnership? How do you define partnership?

Character Limit: 10000

The Work

(9) Length of Service*

How long has your organization been working in Montgomery County?

Character Limit: 10000

Communities Served*

In which specific communities does your organization work in Montgomery County? Check all that apply.

Choices

All
North Penn/Indian Valley
Norristown
Western
Southeast/Main Line
Eastern

(10) Community Needs/Impact*

How does your organization understand the needs and experiences of the community? What community needs does your organization address through its program/services/activities?

Character Limit: 10000

(11) Measuring Success*

What does success look like for your organization? Describe how you define and measure your success. What have you learned from your work in the community?

Character Limit: 10000

Optional Additional Information

You are welcome to share more about your organization but you are not required to do so. You can share a written statement, provide a link to a video or upload a document.

Character Limit: 10000 | File Size Limit: 5 MB

Financials

Organizational Budget*

Upload the organization's annual operating budget for the current fiscal year.

PLEASE NOTE: DO NOT upload a fiscal sponsor annual budget. DO upload the annual budget for the organization requesting support.

File Size Limit: 4 MB

Key Staff*

Please upload a list of the key staff for your organization, including name, title, and short bio.

File Size Limit: 5 MB

Verification & Signature

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.

Choices

I Agree

I Do Not Agree

Executive Director/Leader Information*

Enter the full name, title, and email address of the organization's Executive Director/Leader, with the authority to sign a grant agreement (contract).

Character Limit: 250

Applicant Contact Information

If the applicant is not the Executive Director/Leader of your organization, please enter the name of the person completing this application, along with their title and email address.

Character Limit: 250