

**Community Learning Grants Funding Proposal**

To apply for a Community Learning Grant, please provide all the information requested below, as well as the 2019 Community Learning Survey (included at the end of this application). We invite multiple forms of grant submission and are happy to work with organizations to make alternative arrangements, as needed. Our preferred method is to receive applications through our online form. Alternatively, you can complete this form, save it, and email it to us at grants@grouphealthfoundation.org. **Proposals must be received on or before Friday, October 25, 2019.** Thank you for being willing to share your work with us!

**Organizational Information**

*Please provide information about the organization that is requesting support.*

**Legal Name of Organization** (submitting this request)**:**

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**Name of Fiscally-Sponsored Project** (if applicable)**:**

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| **Employer Identification Number** (EIN)**:** |  |

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| --- | --- | --- | --- |
| **Organization Type** (check one)**:** |  | 501(c)(3) |  |
|  |  | 501(c)(4) |  |
|  |  | Other |  |

**Organization / Sponsored Project Primary Website:**

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**Contact Information**

*We ask for the name and contact information of the person who should receive formal communication and who is authorized to sign documents (like sponsorship agreements!) on behalf of your organization. If you are NOT that person for your organization (e.g., in the case of fiscally-sponsored projects), please also fill in the second section (“Proposal Contact”).*

**Authorized Signer** (e.g., Executive Director or President)**:**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Mailing Address |  |
| City/State/ZIP |  |
| Direct Phone Number |  |
| Email |  |

**Proposal Contact** (if different than above):

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Mailing Address |  |
| City/State/ZIP |  |
| Direct Phone Number |  |
| Email |  |

**Organizational Background**

*Group Health Foundation asks all organizations seeking funding to tell us about where you work, what your organization does, and how you approach your goals. The Foundation is especially interested in how your work improves the well-being of Black, Indigenous, people of color, queer, trans\*, women, disabled and D(d)eaf people, and those with a host of other intersectional identities. Note: In the event of fiscal sponsorship, the sponsored project (NOT the fiscal sponsor) should provide this information.*

**What is the geography of your work?** Please briefly define the area you serve. *(500 character limit)*

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**What is the mission and what are the long-term goals of your group or organization?** Please describe your hopes and aspirations for the people, place(s), and communities in which you work. *(500 character limit)*

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**Please provide an overview of your organization’s work and how it connects to your long-term goals (above).** How do these efforts advance the hopes and aspirations you have for your community? *(2500 character limit)*

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**Describe how your organization or fiscally-sponsored project prioritizes the aspirations, strengths, and needs of people impacted by current and historical inequities.** We are especially interested in learning about how you work with individuals, families, and communities to define priorities, develop plans, and carry out work. Community Learning Grants prioritize:

* Organizations and fiscally-sponsored projects that may be smaller or newer, and that have had less access to philanthropy and major donors;
* Culturally-specific, cross-racial, and disability-led groups that are founded by people most impacted and led by the people for whom they were created to serve; and
* Community-rooted groups with inventive, new, and overlooked ideas for changing systems—racial, social, legal, economic, governmental, and more—that underpin opportunity and health. As grantmakers and policy advocates we are especially concerned with who has power in those systems—as well as the question of who *should* have power, and how to get there. *(2500 character limit)*

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**Core Partners**

*Group Health Foundation believes that changing systems and achieving health equity is a team effort.* *We are especially interested in knowing who you think we should get to know as we continue our own learning journey and as we plan future years of grants.*

**Please tell us about your closest partners—the groups that your organization works with most deeply. What goals, communities, and efforts do you share?** If you provide a specific name and contact information for any organization(s) with whom you partner, Group Health Foundation may reach out to them in order to learn more. If we do so, we will give you the option of being named as the referring organization. *(1000 character limit)*

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**Please tell us what organizations you hope to partner with in the future, and/or those with whom your organization is developing deeper relationships.** What are their strengths and what do you hope to work on with them?*(1000 character limit)*

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**Funding Request**

*There are three pre-defined request amounts. Please select the amount that seems right to you. Refer to our* [*Application Guidelines*](https://grouphealthfoundation.org/grantmaking/community-learning-grants/) *to better understand what request might be right for your organization. Organizations seeking less than $50,000 per year may request a lower amount; however, we discourage prospective grantees from selling themselves short!*

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| **Funding Requested:** |  | $50,000 per year for three years ($150,000 total) | |
|  |  |  | |
|  |  | $75,000 per year for three years ($225,000 total) | |
|  |  |  | |
|  |  | $100,000 per year for three years ($300,000 total) | |
|  |  |  |
|  |  | Less than $50,000 per year (fill in): |
|  |  |  |
|  | $ |  |

**Financial Information**

*The Foundation requests basic financial information that will help us better understand organizations and places throughout Washington over time. The simplest information is often the most helpful. Fiscally-sponsored projects: Provide the following financial information (total projected income, total projected expenses) for the project only.*

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| --- | --- | --- | --- | --- |
| **Fiscal year** (Please use MM/DD format – e.g., “01/01-12/31”): | |  |  |  |
|  |  | | |  |
| **Income** (Total projected revenue for this fiscal year): | | $ |  |  |
|  |  | | |  |
| **Expenses** (Total expected expenditures for this fiscal year): | | $ |  |  |
|  |  | | |  |
| **Assets** (Total expected assets at the end of the fiscal year): | | $ |  |  |

**Is there any further context that you’d like to share about your basic financial picture?** Keep in mind that Community Learning Grants are designed to provide significant, ongoing support to organizations that are smaller, newer, or may have been previously overlooked and underfunded by philanthropy. *(250 character limit)*

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**How did you learn about this grant opportunity?**

*We want to be able to thank the leaders, organizations, and staff who connect us to great organizations.*

**Please share who alerted you to this grant opportunity or encouraged you to apply, if applicable.**

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**Submission: On or before October 25, 2019**

*All applicants must provide all the information above, as well as a complete 2019 Community Learning Survey (included below). We invite multiple forms of grant submission and are happy to work with organizations to make alternative arrangements, as needed. Our preferred method is to receive applications through our online form. Alternatively, applicants can save this form and email it to us at* [*grants@grouphealthfoundation.org*](mailto:grants@grouphealthfoundation.org)*. Incomplete applications may delay consideration, so please be attentive to providing everything requested. Thank you!*



**2019 Community Learning Survey**

In our 2019-2020 grantmaking, Group Health Foundation seeks to learn as much as possible about the people, leaders, organizations, and communities of Washington State. To support this work we are asking for information from all grantees to help us assess progress toward our stated goals of supporting organizations who are committed to—and who practice—community-centered leadership. We place a high value on honest self-reflection, and invite you to share with us who you work with and how you center different identities that are relevant to health and well-being. Thank you in advance!

**Organizational Identity**

**Which of the following best describes your organization?** You may select more than one option. Note: in the case of fiscally-sponsored projects, please respond for the project, not the sponsored project.

*Please select from the below:*

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| --- | --- | --- | --- | --- |
|  | Cross-racial / Multi-cultural ([defined here](https://www.northwesthealth.org/definitions)) |  | Parents-of / Friends-of | |
|  | Culturally-specific ([defined here](https://www.northwesthealth.org/definitions)) |  | Queer / LGBTQ+ | |
|  | Disability-led ([defined here](https://www.northwesthealth.org/definitions)) |  | Youth-led | |
|  | Disability-serving |  | Decline to state | |
|  | Elders and aging |  |  | |
|  | Historically-white |  | Other (please describe below) |  |
|  | Immigrant and refugee |  |  | |
|  | Indigenous / Tribal |  |  | |
|  | Multi-org. collaboration |  |  | |

Anything to add that would be helpful for us to understand? (250 character limit)

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**Populations and People Centered**

**Please take a moment to tell us more about the people with whom you work.** The Foundation is particularly interested in identities and experiences that factor into the long-term well-being and health of individuals, families, and communities. *(250 character limit for each response)*

Please describe the race and ethnicity of the people with whom you work.

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|  | Does not apply |  | Decline to state |

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If your work focuses on indigenous people, tell us about the people with whom you work.

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|  | Does not apply |  | Decline to state |

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If your work focuses on people with disabilities, tell us about the people with whom you work.

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|  | Does not apply |  | Decline to state |

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If your work focuses on gender, gender-identity, or sexual orientation, tell us about the people with whom you work.

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|  | Does not apply |  | Decline to state |

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If your work focuses on a particular generation or age demographic (e.g., elders and seniors, youth and young people), tell us about the people with whom you work.

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|  | Does not apply |  | Decline to state |

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If your work focuses on people, families, and communities experiencing poverty, tell us about the people with whom you work.

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|  | Does not apply |  | Decline to state |

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If your work focuses on immigrants or refugees, tell us about the people with whom you work.

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|  | Does not apply |  | Decline to state |

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If you work with people directly impacted by courts, incarceration, sentencing, or reentry, tell us about the people with whom you work.

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|  | Does not apply |  | Decline to state |

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If you are a faith-based organization, tell us about the people with whom you work.

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|  | Does not apply |  | Decline to state |

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*(continued on the next page)*

**Leadership Identity**

**Please share with us some information about how your organization's leadership identifies.**

We have listed some demographic identities that are common to Washington State for your use in telling us about how your staff and board leadership identify. We invite you to tell us about other ways in which members of your teams self-identify in the narrative section. Start with providing the total number of senior staff on the top of the left column; and the total number of board members in the right column; then fill in how many staff and board identify with each demographic identity. *Fiscally-sponsored projects: Please fill this out for your project, not on behalf of the sponsoring organization.*

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|  | **Total number of senior staff** |  | **Total number of board of directors /** |
|  |  |  | **advisory board (for sponsored projects)** |
|  | *How many identify as...* |  | *How many identify as...* |
|  | American Indian / Alaska Native |  | American Indian / Alaska Native |
|  | Asian / Asian American |  | Asian / Asian American |
|  | Black / African American |  | Black / African American |
|  | Latinx / Hispanic |  | Latinx / Hispanic |
|  | Pacific Islander / Native Hawaiian |  | Pacific Islander / Native Hawaiian |
|  | White |  | White |
|  |  |  |  |
|  | African |  | African |
|  | Indigenous Central / South American |  | Indigenous Central / South American |
|  | Middle Eastern |  | Middle Eastern |
|  | Russian / Slavic |  | Russian / Slavic |
|  |  |  |  |
|  | Immigrant |  | Immigrant |
|  |  |  |  |
|  | Veteran status |  | Veteran status |
|  |  |  |  |
|  | Court-affected |  | Court-affected |
|  |  |  |  |
|  | Non-disabled |  | Non-disabled |
|  | People with disabilities |  | People with disabilities |
|  |  |  |  |
|  | Men |  | Men |
|  | Non-binary, genderqueer |  | Non-binary, genderqueer |
|  | Transgender |  | Transgender |
|  | Women |  | Women |
|  |  |  |  |
|  | Lesbian, gay, bisexual, queer |  | Lesbian, gay, bisexual, queer |
|  | Straight |  | Straight |

**Optional**

Are there other forms of identity that are important to your leadership and to reflecting the communities you serve? If so, please describe. If not, please leave this area blank. *(250 character limit)*

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