

GROUP HEALTH FOUNDATION

2021 Call for Applications Application Due: May 6, 2021

Organizational Information

Please provide information about the organization that is requesting support.

How is your organization or project legally organized?

- 501(c)3 Nonprofit organization
- 501(c)4 Nonprofit organization
- Fiscally sponsored by a nonprofit organization
- Government entity (including Tribal governments)
- Something else: _____
- Not sure

Name of Organization Applying _____

DBA/Alternate Name (optional, please complete if your organization uses a DBA or sometimes goes by another name, like an acronym) _____

EIN of Applicant (if not fiscally sponsored) _____

Name of Fiscal Sponsor (if fiscally sponsored) _____

EIN of Fiscal Sponsor (if fiscally sponsored) _____

Organization / Sponsored Project Primary Website _____

Contact Information

We ask for the name and contact information of one primary contact, who we will send all follow up communications. Please also provide contact information of a person who is authorized to sign legal documents (like grant agreements) on behalf of your organization.

Primary Contact

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

GROUP HEALTH FOUNDATION

Authorized Signer (e.g., Executive Director or President, if different from above)

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

Would you like us to subscribe these contacts to our email communications?

- Yes
 No

Funding Application

Group Health Foundation asks all organizations seeking funding to tell us about your 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, and people of color, queer and transgender people, women, people with disabilities, people with lower incomes, and those with other intersectional identities, including lived experiences of immigration, courts and the judicial system, houselessness, and more. Note: In the event of fiscal sponsorship, the sponsored project (NOT the fiscal sponsor) should respond to these narrative questions.

Short Description of Organization or Fiscally Sponsored Project. Please provide a 2-3 sentence description of your organization including who you serve and where you work. If selected for funding, Foundation staff will build on this description to share in public announcements. *(300 character limit)*

What is the mission and what are the long-term goals of your organization or fiscally sponsored project? *(1,500 characters)*

Where do you work? Please briefly define the area you serve and the places your work impacts. *(1,000 characters)*

Please describe the people, communities, and/or constituents to which your organization is accountable. What are the community's hopes, aspirations, and needs? *(2,500 characters)*

GROUP HEALTH FOUNDATION

How are you doing? Thinking of the events of the last year and the current context we are in, are there any updates you want to share about your organization, constituents, and community?

(2,500 characters)

Please provide a broad overview of your organization's or fiscally sponsored project's programs and activities, and how they connect to your long-term goals. *(3,000 characters)*

In your community, what systems need to change so that the people you serve can thrive? What is your organization's role in working to achieve those changes? *(3,000 characters)*

How do you think you might use a three-year grant of core-support funding? How would it help you build toward your goals? *(1,000 characters)*

OPTIONAL: Do you have any especially close or deep partnerships that are critical to your organization's work and success? If so, with whom are those partnerships, and what efforts do you share? If nothing comes to mind, please feel free to leave this question blank. *(2,500 characters)*

OPTIONAL: What do you wish more people knew about the community(ies) you serve? Is there a story or set of experiences you feel are important to share? If nothing comes to mind, please feel free to leave this question blank. *(2,500 characters)*

OPTIONAL: What other types of support, beyond funding, might help you and your organization to build toward your long-term goals? Why? If nothing comes to mind, please feel free to leave this question blank. *(1,000 characters)*

GROUP HEALTH FOUNDATION

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.

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 this fiscal year): \$

Income – next year. In the next fiscal year, do you expect your income to increase, decrease, or stay about the same as your current year? Why do you think that? (500 characters)

Expenses – next year. In the coming year, do you expect your expenses to increase, decrease, or stay about the same as this year? Why? (500 characters)

Assets – next year. At the end of next year, do you expect your total assets to be more, less, or about the same as your projection for the end of this year? Why do you think that? (500 characters)

Organization Information

How would you describe the area where your work primarily happens? (check all that apply)

<input type="checkbox"/>	Large-sized city
<input type="checkbox"/>	Medium-sized city
<input type="checkbox"/>	Suburban
<input type="checkbox"/>	Small town
<input type="checkbox"/>	Rural
<input type="checkbox"/>	Unincorporated area
<input type="checkbox"/>	Something else (please describe:)

How would you describe the area where your work primarily happens? (check all that apply)

<input type="checkbox"/>	Local
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GROUP HEALTH FOUNDATION

	Countywide
	Regional (across multiple cities or counties)
	Statewide
	Multi-state
	National and/or Federal
	International
	Something else (please describe:)

Which counties do you work in? (check all that apply)

	Adams County		Mason County
	Asotin County		Okanogan County
	Benton County		Pacific County
	Chelan County		Pend Oreille County
	Clallam County		Pierce County
	Clark County		San Juan County
	Columbia County		Skagit County
	Cowlitz County		Skamania County
	Douglas County		Snohomish County
	Ferry County		Spokane County
	Franklin County		Stevens County
	Garfield County		Thurston County
	Grant County		Wahkiakum County
	Grays Harbor County		Walla Walla County
	Island County		Whatcom County
	Jefferson County		Whitman County
	King County		Yakima County
	Kitsap County		Neighboring Communities in Alaska
	Kittitas County		Neighboring Communities in British Columbia
	Klickitat County		Neighboring Communities in Idaho
	Lewis County		Neighboring Communities in Oregon
	Lincoln County		

In which Washington county does your organization do the most work?

If you work outside Washington, which states do you work in?

List of senior staff, with titles, of the organization or fiscally sponsored project that is receiving the grant. If you don't have staff, please explain.

GROUP HEALTH FOUNDATION

List of board members, with their professional affiliations, for the organization receiving the grant. *For fiscally sponsored projects, please provide a list of board members for the fiscal sponsor and also a list of members of the steering committee or advisory board for the fiscally sponsored project. If you don't have a steering committee or advisory board, please explain.*

Which of these best describes your organization? These terms are defined in the application guidelines.

<input type="checkbox"/>	Cross-racial organization
<input type="checkbox"/>	Culturally specific organization
<input type="checkbox"/>	Historically white-led organization
<input type="checkbox"/>	Multi-racial/multi-cultural organization
<input type="checkbox"/>	Something else (please describe)

Does your organization identify as any of the following? (check all that apply)

<input type="checkbox"/>	Indigenous
<input type="checkbox"/>	Tribal Nation/Indian Tribe
<input type="checkbox"/>	Multi-organization collaboration
<input type="checkbox"/>	“Parents of” or “friends of” organization
<input type="checkbox"/>	Faith-based organization
<input type="checkbox"/>	Disability-led

Please indicate the number of leaders in your organization who have the following identities and lived experiences.

	Executive Director/CEO/Most Senior Staff Leader	Senior Staff	Board of Directors
Total			
Total number of leaders			
Race and ethnicity			
African			
American Indian / Alaska Native			
Arab/Middle Eastern / North African			
Asian / East Asian (China, Japan, Mongolia, North Korea, South Korea, Taiwan)			
Asian / Southeast Asian (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Vietnam)			

GROUP HEALTH FOUNDATION

Asian / South Asian (Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka)			
Black / African American			
Indigenous Central / South American			
Latinx / Latina / Latino / Hispanic			
Mixed Race / Multi-racial			
Native Hawaiian/Pacific Islander			
Russian / Slavic			
White			
Prefer to self describe (please describe in the question below)			
Ability and disability			
Disabled/people with disabilities			
Non-disabled/people without disabilities			
Prefer to self describe (please describe in the question below)			
Gender			
Agender			
Intersex			
Men			
Non-binary			
Third gender (including culturally specific genders)			
Transgender			
Women			
Prefer to self describe (please describe in the question below)			
Sexuality			
Asexual			
Lesbian, gay, bisexual, queer			
Straight			
Prefer to self describe (please describe in the question below)			
Age			
Elders			
Adults			
Youth			
Current or former lived experiences			
Caregiver			
Displaced (climate, gentrification, other experience)			
Homelessness			

GROUP HEALTH FOUNDATION

Incarcerated/criminalized			
Immigrant			
Foster care			
Low income/experiencing poverty			
Military veteran			
Person of faith			
Refugee			
Survivor (abuse, neglect, assault)			
Prefer to self describe (please describe in the question below)			

Is there additional information you would like to share about the identities and lived experiences of your leaders?

Attachments

Most recent tax filing. Please provide a copy of your most recent annual tax filing for the organization that will receive the grant. If you are unable to provide your most recent tax return, please explain below.

For fiscally sponsored projects, this information should be for the sponsoring organization.

For fiscally sponsored projects, please attach a copy of your fiscal sponsorship agreement so that we can better understand how the host organization and the sponsored project share responsibilities for financial, legal, and program oversight.