

GROUP HEALTH
FOUNDATION

2021 Call for Applications

Application Proposal

Due by May 6, 2021

Organizational Information

Please provide information about the organization that is requesting support.

How is your organization or project legally organized?

1. 501(c)3 Nonprofit organization

2. 501(c)4 Nonprofit organization

3. Fiscally sponsored by a nonprofit organization

4. Government entity (including Tribal governments)

5. Something else:

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:

1. Name:

2. Title:

3. Mailing Address:

4. Phone number:

5. Email:

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

1. Name:

2. Title:

3. Mailing Address:

4. Phone number:

5. Email:

**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)

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)

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? (select all that apply)

- 1. Large-sized city**
- 2. Medium-sized city**
- 3. Suburban**
- 4. Small town**
- 5. Rural**
- 6. Unincorporated area**
- 7. Something else (please describe:)**

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

- 1. Local**
- 2. Countywide**

3. Regional (across multiple cities or counties)

4. Statewide

5. Multi-state

6. National and/or Federal

7. International

8. Something else (please describe:)

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

1. Adams County

2. Asotin County

- 3. Benton County**
- 4. Chelan County**
- 5. Clallam County**
- 6. Clark County**
- 7. Columbia County**
- 8. Cowlitz County**
- 9. Douglas County**
- 10. Ferry County**
- 11. Franklin County**
- 12. Garfield County**
- 13. Grant County**
- 14. Grays Harbor County**
- 15. Island County**

16. Jefferson County

17. King County

18. Kitsap County

19. Kittitas County

20. Klickitat County

21. Lewis County

22. Lincoln County

23. Mason County

24. Okanogan County

25. Pacific County

26. Pend Oreille County

27. Pierce County

28. San Juan County

- 29. Skagit County**
- 30. Skamania County**
- 31. Snohomish County**
- 32. Spokane County**
- 33. Stevens County**
- 34. Thurston County**
- 35. Wahkiakum County**
- 36. Walla Walla County**
- 37. Whatcom County**
- 38. Whitman County**
- 39. Yakima County**
- 40. Neighboring Communities in Alaska**

41. Neighboring Communities in British

Columbia

42. Neighboring Communities in Idaho

43. Neighboring Communities in Oregon

**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.

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 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.

- 1. Cross-racial organization**
- 2. Culturally specific organization**
- 3. Historically white-led organization**
- 4. Multi-racial/multi-cultural organization**
- 5. Something else (please describe)**

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

- 1. Indigenous**
- 2. Tribal Nation/Indian Tribe**
- 3. Multi-organization collaboration**
- 4. “Parents of” or “friends of” organization**
- 5. Faith-based organization**
- 6. Disability-led**

How many individuals are in the following groups?

- 1. Executive Director/CEO/Most Senior Leader**
- 2. Senior Staff**

3. Board of Directors

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

Race and ethnicity

1. African

2. American Indian / Alaska Native

3. Arab/Middle Eastern / North African

4. Asian / East Asian (China, Japan, Mongolia, North Korea, South Korea, Taiwan)

5. Asian / Southeast Asian (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar,

Philippines, Singapore, Thailand, Timor-Leste, Vietnam)

6. Asian / South Asian (Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka)

7. Black / African American

8. Indigenous Central / South American

9. Latinx / Latina / Latino / Hispanic

10. Mixed Race / Multi-racial

11. Native Hawaiian/Pacific Islander

12. Russian / Slavic

13. White

14. Prefer to self describe (please describe in the question below)

Ability and disability

- 1. Disabled/people with disabilities**
- 2. Non-disabled/people without disabilities**
- 3. Prefer to self describe (please describe in the question below)**

Gender

- 1. Agender**
- 2. Intersex**
- 3. Men**
- 4. Non-binary**

5. Third gender (including culturally specific genders)

6. Transgender

7. Women

8. Prefer to self describe (please describe in the question below)

Sexuality

1. Asexual

2. Lesbian, gay, bisexual, queer

3. Straight

4. Prefer to self describe (please describe in the question below)

Current or former lived experiences

- 1. Caregiver**
- 2. Displaced (climate, gentrification, other experience)**
- 3. Homelessness**
- 4. Incarcerated/criminalized**
- 5. Immigrant**
- 6. Foster care**
- 7. Low income/experiencing poverty**
- 8. Military veteran**
- 9. Person of faith**
- 10. Refugee**

11. **Survivor (abuse, neglect, assault)**
12. **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.