**2022 Request for Proposals**

**Funding Proposal: Due April 7, 2022**

**Applicant Information**

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

**How is your organization or project legally organized?**

☐ 501(c)3 Non-profit organization

☐ 501(c)4 Non-profit organization

☐ Fiscally-sponsored by a non-profit organization

☐ Government entity (including Tribal governments)

☐ Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not sure about how your organization is legally organized, please contact us at grants@grouphealthfoundation.org before applying. For more information about how Group Health Foundation defines Fiscal Sponsorship, please refer to the Application Guidelines.

**Legal Name of Applicant Organization or Fiscally Sponsored Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Employer Identification Number (EIN) (if not fiscally sponsored)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization / Sponsored Project Primary Website:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Organization or Fiscally Sponsored Project Address

**Line 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Line 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fiscal Sponsor Information (if applicable)**

**Name of Fiscal Sponsor (if fiscally sponsored) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How is your fiscal sponsor legally organized?**

☐ 501(c)3 Non-profit organization

☐ 501(c)4 Non-profit organization

☐ Fiscally-sponsored by a non-profit organization

☐ Government entity (including Tribal governments)

☐ Something else: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EIN of Fiscal Sponsor (if fiscally sponsored) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Fiscal Sponsor Address

Line 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Line 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website Information**

**Organization or Sponsored Project website** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Social Media Links**

**Facebook** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instagram** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LinkedIn** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Twitter** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**

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

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

**Primary Contact** :

|  |  |
| --- | --- |
| Name  |   |
| Title  |   |
| Direct Phone Number  |   |
| Email  |   |

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

|  |  |
| --- | --- |
| Name  |   |
| Title  |   |
| Email  |   |
| Direct Phone Number  |   |

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

☐ Yes

☐ No

**How did you hear about this grant opportunity? Please check the appropriate box.**

**☐** GHF email or newsletter

☐ GHF Facebook

☐ GHF LinkedIn

☐ GHF Twitter

☐ GHF Instagram

☐ GHF website

☐ Newspaper or radio advertisement

* Please type which newspaper or radio station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ GHF staff member or Board member

* Please type which staff or Board member referred you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ A friend or family member

☐ A colleague, community partner, or professional network

☐ I'm a past applicant

☐ Some other way

* Please type how you heard about the grant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Narrative Questions**

*Group Health Foundation wants to learn 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: If you are a fiscally sponsored project, respond to these questions about the sponsored project’s work (NOT the fiscal sponsor’s work).*

**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, GHF staff will build on this description to share in public announcements. [300 character limit]*

What is the mission of your organization (or fiscally sponsored project)? What are the long-term goals? [1,500 character limit]

Please describe the people, communities, and/or constituents to whom your organization is accountable. What are the community’s hopes, aspirations, and needs? [2,500 character limit]

What do you wish more people knew about the community(ies) you serve? What stories or experiences from your community do you feel are important to share? [2,500 character limit]

**Please provide an overview of your organization’s or fiscally sponsored project’s programs and activities and how they connect to your long-term goals.** [3,000 character limit]

**In your community, what systems need to change so the people you serve can thrive? What is your organization’s role in working to achieve those changes?** [3,000 character limit]

**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 character limit]

OPTIONAL: Do you have any especially close or deep partnerships that are critical to your organization’s work and success? If so, who are those partners, and what efforts do you share? If nothing comes to mind, please feel free to leave this question blank. [2,500 character limit]

OPTIONAL: What other types of support, beyond funding, might help you and your organization build toward your long-term goals? Why? [1,000 character limit]

**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 character limit]

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 character limit]

Total expected assets at the end of next fiscal 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 character limit]

**Geography Information**

Group Health Foundation is working to understand how applicants define the geography they live and work in. We understand that Washington is complex and diverse, and we are continually learning and trying to establish a more accurate picture of the geographic diversity in our region. Please describe the geography of your work in your own words and respond to the specific questions that follow. As we learn more, we will continue to update these questions and the language we use to describe geography.

Where do you work? Please briefly define the area you serve and the places your work impacts. [1,000 character limit]

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

|  |  |
| --- | --- |
|  | Large sized city |
|  | Medium sized city |
|  | Sub-urban |
|  | Small town |
|  | Rural |
|  | Unincorporated area |
|  | Something else (please describe: ) |

**Which of these best describes your work? Check all that apply.**  (Check all the apply)

|  |  |
| --- | --- |
|  | Local |
|  | County wide |
|  | 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 the 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, in which other states, provinces, or places do you work?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Leadership and Organization Identities

This section has questions about some of the identities represented in your organization. At Group Health Foundation, we believe racial justice is a core condition of equity, and we fund organizations that share this belief. We know that philanthropy often overlooks organizations led by people of color, so the information you provide here will help us be transparent and accountable about who we fund.

Please know, we do fund historically white-led organizations that show progress toward becoming more equitable and reflective of their communities. We are asking these questions to learn more about your leadership, but we know that they will not tell the whole story of who you are. If you would like to read more about our approach to collecting demographic information, you can read our article on the GHF website here: [“Why we ask organizations for their racial identities”](https://grouphealthfoundation.org/why-we-ask-organizations-for-their-racial-identities/)

Please provide accurate information about who leads your organization. We will not accept applications from organizations who decline to share information about the racial and gender identity of their leaders.

We believe in funding organizations who are founded, led, and governed by the people the organization serves, because those are the people who have the most important expertise in their lives and communities. That is why we also invite you to share additional information about the other identities and lived experiences of the people who lead your organization, if those identities are important to the work of your organization.

Which of these best describes your organization? These terms are defined on [our website here](https://grouphealthfoundation.org/how-to-define-your-organizations-identity/).

|  |  |
| --- | --- |
|  | Cross-racial organization |
|  | Culturally specific organization |
|  | Historically white-led organization |
|  | Multi-racial/multi-cultural organization |
|  | Something else (please describe) |
|  |  |

**Does your organization identify as any of the following? These terms are defined on** [**our website here**](https://grouphealthfoundation.org/how-to-define-your-organizations-identity/)**. Check all that apply.**

|  |  |
| --- | --- |
|  | Indigenous |
|  | Tribal Nation/Indian Tribe |
|  | Multi-organization collaboration |
|  | “Parents of” or “friends of” organization |
|  | Faith-based organization |
|  | Disability-led |

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 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.*

Leadership Identities

In the tables below, indicate the number of leaders in your organization who have the following identities and lived experiences. Please complete as many fields as possible for your organization.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Executive Director/CEO/Most Senior Staff Leader** | **Senior Staff** | **Board of Directors** |
| **Total** |
| Total number of leaders |  |  |  |
| **Race and ethnicity [Required]** |
| 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) |  |  |  |
| 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 [Required]** |
| Disabled/people with disabilities |  |  |  |
| Non-disabled/people without disabilities |  |  |  |
| Prefer to self describe (please describe in the question below) |  |  |  |
| **Gender [Required]** |
| 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 |  |  |  |
| 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? [1,500 character limit]

**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.