

# 2021-2022 Healthy Communities Initiative

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*Pallottine Foundation of Buckhannon*

## **ELIGIBILITY CRITERIA**

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### **Eligibility Requirements\***

The applying organization must:

- Be a nonprofit tax-exempt organization under section 501(c)(3) of the Internal Revenue Code.
- Principally administer programs providing health-related services.
- Operate programs that are compatible with the **Mission, Vision, and Values** of the Foundation.
- Be applying for a project that addresses a **Capacity Building, Spiritual and Pastoral Care, or Health and Wellness** topic.
- Be applying for a project that can be completed within the one-year period of April 1, 2021 to March 31, 2022.
- Be applying for a project that supports clients in at least one county of the Foundation's five-county region (Barbour, Lewis, Randolph, Upshur, or Webster).

I have read and understand the eligibility requirements.

### **Choices**

Yes

No

### **Grants Not Funded\***

Generally, the Foundation does not fund grants for:

- Academic Scholarships
- Capital Items
- Endowments
- Indirect Costs
- Individuals
- Other Foundations
- Projects Outside the Five-County Region
- Projects Over One Year in Duration
- Salary & Benefits

I have read and understand the funding parameters.

### Choices

Yes

No

## *INSTRUCTIONS*

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### **Grant Application Instructions**

**Please read the application in its entirety before answering any questions.**

If you are requesting funding for multiple projects, please be sure your answers address each project, as needed.

There are character limits on many of the application questions. These limits are noted. Please answer the questions as concisely as possible.

Some questions require document uploads. If your file size exceed the limits, please contact the Foundation's Grants Manager, Brooke Estep at [baestep@pallottinesac.org](mailto:baestep@pallottinesac.org).

Required items are marked with an asterisk (\*).

Please save your work often. The Save button is at the bottom of the application form.

For project questions, please contact Health Program Officer, Susan Aloï, at [slaloi@pallottinesac.org](mailto:slaloi@pallottinesac.org) or 304-397-5955, ext.104. For technical questions related to the grant management system, please contact Grants Manager, Brooke Estep at [baestep@pallottinesac.org](mailto:baestep@pallottinesac.org) or 304-397-5955, ext. 102.

### **Collaborator Feature**

The Collaborator feature allows applicants to work together on a single request.

Once you have started a request, you will see the Collaborate button at the top of the page. This can be used to invite other people to work on this request.

Click [here](#) to view a 2-minute video tutorial on Collaborator.

Click [here](#) for a written tutorial.

## REQUEST OVERVIEW

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### Organization Summary\*

In three sentences or less, please describe the organization. (A more detailed description of the organization is requested in the **ORGANIZATIONAL BACKGROUND** section of the application).

*Character Limit: 500*

### Project Name\*

Please provide the name(s) of the project(s) for which the organization is requesting funding.

*Character Limit: 100*

### Project Description Summary\*

In three sentences or less, please summarize the project(s) for which funding is requested. (A more complete description of the project is requested in the **PROJECT INFORMATION** section of the application).

*Character Limit: 500*

### Total Funding Requested from the Foundation\*

What is the total amount of funding requested from the Foundation? **The organization may request up to \$25,000.**

*Character Limit: 20*

### Total Project Cost\*

What is the **total cost** of the project(s)? Be sure the total includes all costs that are already, or expected to be, **funded by any source**. It is important to know how much the entire project will cost.

*Character Limit: 20*

### Start Date of Project\*

When will this project begin? The Foundation's funding cannot be applied retroactively to project activities occurring before April 1, 2021.

*Character Limit: 10*

### End Date of Project\*

When will this project be completed? Please note that the project must be completed by March 31, 2022, and that the Foundation's funding award must be fully expended by that date.

*Character Limit: 10*

### Alignment with Focus Areas\*

Please indicate the Focus Area(s) with which the project(s) best aligns (check all that apply):

#### Choices

Capacity Building

Health and Wellness

Spiritual and Pastoral Care

### COVID-19 Impact on Organization\*

Please describe how the COVID-19 pandemic has affected **the organization**.

*Character Limit: 5000*

### COVID-19 Impact on Request\*

Please describe how the COVID-19 pandemic has affected **this request**.

*Character Limit: 5000*

### Principal Location of Organization\*

In what **city and county** is the organization based? The organization does not need to be *based* in the Foundation's region, but project services must be *delivered* in the Foundation's region.

*Character Limit: 250*

### Counties Served\*

Please check the West Virginia counties in which the organization will provide services with this project:

#### Choices

Barbour

Lewis

Randolph

Upshur

Webster

## ORGANIZATIONAL BACKGROUND

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### History, Mission, and Programs\*

Summarize the organization's history and mission, and briefly describe the organization's current programs.

*Character Limit: 2500*

### Alignment with Mission, Vision, and Values\*

Please explain how the organization aligns with the **Mission, Vision, and Values** of the Foundation.

*Character Limit: 1500*

### Organization Board of Directors\*

Please upload or list all board members and the organizations they represent. Also, please include a narrative on the board's operations that answers the following questions:

1. How frequently are board meetings held?

## 2. How frequently do board members receive financial statements?

**Note: Only one file may be uploaded.**

*Character Limit: 5000 | File Size Limit: 1 MB*

## **PROJECT INFORMATION**

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### **Project Description and Statement of Need\***

Please describe the key components of the project's work plan. If funding is requested for multiple projects, please describe each project in order of greatest priority. Items to address may include:

- What is the issue/challenge for the community?
- How will the organization address the issue/challenge with the funds requested?
- How will the project contribute to addressing at least one of the Foundation's Focus Areas of **Capacity Building**, **Spiritual and Pastoral Care**, or **Health and Wellness**?
- Who will be involved in the implementation?
- Where will project activities take place, and why was this location selected?
- Indicate if this is a new project or a continuation of an existing project. If it is an existing project, please share project results so far.

*Character Limit: 10000*

### **Supporting Documentation of Need**

If available, please describe or upload applicable research, statistical data, expert views, and/or current news articles that provide additional information on the issue/challenge.

**Note: Only one file may be uploaded.**

*Character Limit: 3500 | File Size Limit: 2 MB*

### **Key Staff Roles\***

Please provide or upload short bios for the organization's key staff who will be involved with the project(s). Include all current and prior experience as it relates to project(s).

**Note: Only one file may be uploaded.**

*Character Limit: 3500 | File Size Limit: 1 MB*

### **Project Goals and Measurements\***

Briefly describe desired goals and measurements for the project(s). For each goal, identify how the organization will measure its success and how it will make a difference for its intended clients, community, organization, etc. If funding is requested for multiple projects, please identify goals and measures for each project.

Please use the statements below to guide the response:

- A project goal is a broad statement of what your organization plans to accomplish.
- Indicate what will be measured, what information will be collected, and how changes will be tracked.

*Character Limit: 7000*

### **Project Timeline\***

Please provide an estimated timeline, by calendar quarter, of project activities.

*Character Limit: 3500*

### **Collaborative Partnerships and Letters of Commitment\***

Please list any organizations with whom the organization plans to partner or engage to implement the project(s). Describe their roles in the project(s).

If applicable, please upload Letters of Commitment or Memorandums of Understanding (MOUs) from organizations collaborating on the project(s). If there are multiple letters, please combine all letters into a single document.

**Note: Only one file may be uploaded.**

*Character Limit: 3500 | File Size Limit: 2 MB*

### **Organizational Readiness\***

Describe why the organization believes it can effectively manage the project(s) for which funding is being requested.

- Why is this a good time for the organization to begin this project?
- Does the organization have the necessary resources (staff, space, etc.) to implement the proposed project(s)?
- If this is a new or expanded project, how will the addition of the project affect existing projects?
- What policies and procedures are in place that ensure the effective delivery of project services?

*Character Limit: 3500*

### **Sustainability\***

Please describe how the organization will sustain the project(s) when the grant funding ends.

*Character Limit: 2500*

## FINANCIAL INFORMATION

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Please contact our Health Program Officer, Susan Aloj, at 304-397-5955 ext. 104 or [slaloi@pallottinesac.org](mailto:slaloi@pallottinesac.org) with any questions related to the requested financial information.

### Project Budget for THIS Request\*

Please upload a budget for the project(s) for which funds are requested from the Foundation. The total amount requested may not exceed \$25,000.

A budget template is not provided. In formatting the budget, please:

- Request funding only tied to project operation.
- List each expense individually.
- Include a brief narrative for each expense.
- Provide expense information in general categories. Examples include: Consulting, Hardware, Printing, Program Supplies, Software, Training, Travel.
- **Ensure the expenses listed total the overall budget requested. Budget must equal the total funding request from the Foundation.**

**Note: Only one file may be uploaded.**

*File Size Limit: 3 MB*

### Organizational Annual Budget\*

Please upload the annual budget for the current fiscal year for the **organization**. Ensure the budget lists revenues and expenses.

**Note: Only one file may be uploaded.**

*File Size Limit: 3 MB*

### Income Statement/Statement of Activities/Statement of Revenue and Expenses\*

Please upload Income Statements, Statements of Activities, or Statements of Revenue and Expenses for both the current fiscal year and the preceding fiscal year. If the current year statements include three months of data or less, please provide statements for the last **two** completed fiscal years.

**Note: Only one file may be uploaded.**

*File Size Limit: 3 MB*

### Balance Sheet/Statement of Financial Position\*

Please upload Balance Sheets or Statements of Financial Position for both the current fiscal year and the preceding fiscal year. If the current year statements include three months of data or less, please provide statements for the last **two** completed fiscal years.

**Note: Only one file may be uploaded.**

*File Size Limit: 1 MB*

### **Audit Report or Financial Review\***

- If the organization conducts an annual audit by an independent auditor, please upload the most recently completed audit, including the auditor's notes and management letter, if issued.
- If the organization conducts an annual financial review by an independent auditor, please upload the most recently completed review, including the reviewer's notes, if issued.
- If the organization does not conduct an independent audit or financial review, please enter **NA**.

**Note: Only one file may be uploaded.**

*Character Limit: 1000 | File Size Limit: 8 MB*

### **Grants Received\***

Please enter or upload a list of all grants greater than \$2,500 the **organization** has received during the last two completed fiscal years. Be sure to include any funding received from the Pallottine Foundation of Buckhannon. Include the funder name, amount, and purpose of the grant funding. Enter **NONE** if not applicable.

**Note: Only one file may be uploaded.**

*Character Limit: 5000 | File Size Limit: 1 MB*

### **Additional Project Funding\***

Please list all funding sources to whom any portion of this project request has been or will be submitted. For each funding source, indicate the amount requested and the status of the request using the following: **Submitted, Funded, or Declined**. If funded, please specify the amount and date received. If there are no other funders, please enter **NONE** in the space below.

**PLEASE NOTE:** Organizations that have sought/secured funding from additional sources often indicate well-thought-out projects and sustainability plans. Organizations are strongly encouraged to solicit additional support for requests.

*Character Limit: 1500*

### **Any Other Support\***

Please describe or list all other support the organization anticipates receiving for the project(s), including:

- In-Kind Donations



- Special Events and Fundraisers
- All Other

If no additional support is anticipated, please indicate **NONE** in the space below.

*Character Limit: 2500*

## ***APPLICATION AGREEMENT AND ELECTRONIC SIGNATURE***

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### **Grant Opportunity\***

How did you learn about this grant opportunity?

*Character Limit: 250*

### **Completion Time and Ease of Application\***

Our goal is to make this application as easy to complete as possible for our grant applicants while ensuring that the Foundation captures the information necessary to make a well-informed funding decision. Please help us improve future grant cycles by answering the questions below:

1. Approximately how long did it take you to complete the application?
2. Tell us about any difficulties you encountered as you completed the application.
3. Please share suggestions you may have for improvement.

*Character Limit: 3500*

### **Application Agreement - I Agree\***

By entering your signature and information below and clicking "I Agree", you certify that the statements included in this application are true and correct to the best of your knowledge and belief.

#### **Choices**

I Agree

### **Electronic Signature\***

Please enter your first name, last name, and title.

*Character Limit: 250*

### **Submission Date\***

Please enter the date you submit the application.

*Character Limit: 10*

## *NEXT STEPS*

Please note that once you submit your application, you cannot go back into the system and make changes. Please review your answers carefully before submitting.

After you submit this application, check your email for confirmation. The Foundation will send an automated email confirming receipt of your application from **administrator@grantinterface.com**. If you are not receiving emails from this address, please look in your junk or spam folder. Be sure to add **administrator@grantinterface.com** to your address book or safe sender list to ensure you don't miss important communications.

If you have technical questions related to the grant management system, please contact Brooke Estep at [baestep@pallottinesac.org](mailto:baestep@pallottinesac.org) or 304-397-5955, ext. 102.

Applications will be reviewed in the month immediately following submission. We may follow up with you to request additional information or schedule a site visit. Applicants will be notified of the Foundation's funding decisions by March 19, 2021.