

Healthy Communities Initiative 2022-2023

Pallottine Foundation of Buckhannon

ELIGIBILITY CRITERIA

Eligibility and Requirements*

The applying organization must:

- Have recognized federal tax status under Section 501(c)(3).
- Principally administer programs providing health-related services.
- Operate programs that are compatible with the **Mission, Vision, and Values** of the Foundation.
- Projects must address **Capacity Building, Spiritual and Pastoral Care, or Health and Wellness** topics.
- Be applying for a project that can be completed within the one-year period of April 1, 2022 to March 31, 2023.
- The funds requested must be used in projects that support clients in the Foundation's five-county West Virginia region: Barbour, Lewis, Randolph, Upshur, and Webster counties.

I have read and understand the eligibility requirements.

Choices

Yes

No

Grants Not Typically Funded*

Generally, the Foundation does not fund grants for:

- Academic Scholarships
- Capital Items over \$2,500
- Endowments
- General Operating Costs
- Indirect Costs
- Individuals
- Other Foundations
- Playground Equipment and Vehicles
- Projects Outside the Five-County Region
- Projects Over One Year in Duration

- Retroactive Funding
- Sabbatical
- Salary and Benefits

I have read and understand the funding parameters.

Choices

Yes

No

INFORMATION AND INSTRUCTIONS

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 exceeds the limits, please contact the Foundation's Grants Manager, [Brooke Welch](#).

Required items are marked with an asterisk (*).

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

Potential applicants may contact a Foundation Program Officer to discuss project ideas: [Sarah Campbell](#), 304-397-5955 ext. 107 or [Laura Boone](#), 304-397-5955 ext. 103. For technical questions related to the grant management system, please contact Grants Manager, [Brooke Welch](#), 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.

For questions on the Collaborator feature, please contact Grants Manager, [Brooke Welch](#), 304-397-5955 ext. 102.

ORGANIZATIONAL OVERVIEW

Organization Summary*

Please 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: 2000

Organizational 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

COVID-19 Impact on Organization*

Please describe how the COVID-19 pandemic has affected **the organization**. Examples may include but are not limited to:

- Cancelled fundraisers
- Construction delays
- Funding cuts
- Increase in client need
- Reduction of staff and/or volunteers
- Staff and organizational capacity

Character Limit: 3500

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 services must be **delivered** in the Foundation's region.

Character Limit: 250

Counties Served*

Please check the West Virginia counties in which the organization provides services:

Choices

Barbour

Lewis
Randolph
Upshur
Webster

REQUEST OVERVIEW

Project Name*

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

Character Limit: 100

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, 2022.

Character Limit: 10

End Date of Project*

When will this project be completed? Please note that the project **must be completed by March 31, 2023**, and that the Foundation's funding award must be fully expended by that date.

Character Limit: 10

Alignment with Focus Area*

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

Project Description and Statement of Need*

Please describe the key components of the project's work plan and include an estimated timeline for project activities. 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 and how will it be addressed?
- How will the project contribute to addressing at least one of the Foundation's Focus Areas of **Capacity Building, Health and Wellness, or Spiritual and Pastoral Care?**
- Will this project include any collaborative partnerships? If yes, please describe.
- 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: 6500

Project Timeline*

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

Character Limit: 3000

Project Goals and Measurements*

Briefly describe desired project goals and how each will be measured. Describe how this project 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.

The statements below are provided to guide the response:

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

Character Limit: 6000

Sustainability*

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

Character Limit: 3500

Key Staff Roles*

Please describe the roles and responsibilities of the organization's key staff who will be involved in this project.

Note: Only one file may be uploaded.

Character Limit: 3500 | File Size Limit: 1 MB

FINANCIAL INFORMATION

Please contact Health Program Officer, **Sarah Campbell**, 304-397-5955 ext. 107 or **Laura Boone**, 304-397-5955 ext. 103, 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 description 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: 2 MB

Annual Organizational 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. The period for the Income Statement requested in this question and the Balance Sheet in the following question must be the **same**.

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. The period for the

Balance Sheet requested in this question and the Income Statement in the preceding question must be the **same**.

Note: Only one file may be uploaded.

File Size Limit: 2 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 Over \$2,500*

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: 2500 | File Size Limit: 2 MB

Additional Project Funding

Please share all funding sources to whom any portion of this project or request has been or will be submitted and any other support the organization anticipates receiving for the project(s), including:

- Other Foundations
- In-Kind Donations
- Special Events and Fundraisers
- All Other

For each funding source, indicate the amount requested and the status of the request. If no additional support is anticipated, please indicate **NONE** in the space below.

Character Limit: 2000

APPLICATION AGREEMENT AND ELECTRONIC SIGNATURE

Completion Time and Ease of Application*

The Foundation's goal is to make the application process as easy as possible for the grant applicants while ensuring that the Foundation captures the information necessary to make a well-informed funding decision. Please help the Foundation improve future grant cycles by answering the questions below.

- Approximately how long did it take to complete this application?
- Did you encounter any difficulties completing the application?
- What suggestions do you have for improvement?

Character Limit: 1000

Application Agreement*

By entering signature and submission date below and clicking "I Agree", the organization's signer certifies that the statements included in this Application are true and correct to the best of his/her knowledge and belief.

Choices

I Agree

Electronic Signature*

Please enter the signer's first name, last name, and title.

Character Limit: 250

Submission Date*

Please enter the date the Application is submitted.

Character Limit: 10

NEXT STEPS

Please note that once the Application is submitted, changes cannot be made. Please review all answers carefully before submitting.

The Foundation will send an automated confirmation indicating the Application was successfully submitted and received. This email will come from **administrator@grantinterface.com**. Be sure to add **administrator@grantinterface.com** to the applicant's address book or safe sender list to ensure important communications are not missed.

Please contact **Brooke Welch**, 304-397-5955 ext. 102, with technical questions related to the

grant management system.

Applications will be reviewed in the month immediately following submission. A Foundation Program Officer 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 21, 2022.