

2024 Healthy Communities Initiative

Pallottine Foundation of Buckhannon

ELIGIBILITY CRITERIA

Previous Funded in the Last 12 Months*

Has the organization received funds from the Pallottine Foundation of Buckhannon within the last 12 months?

Choices

Yes

No

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 project that addresses **Capacity Building, Food Insecurity, Health and Wellness, Spiritual and Pastoral Care**, Substance Use Disorder, or Tobacco Use Prevention and Cessation.
- Be applying for a project that can be completed within the one-year period of April 1, 2024 to March 31, 2025.
- Be applying for a program, project, or service that supports 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 Funded*

Generally, the Foundation typically does not fund grants for:

- Academic Scholarships
- Capital Items over \$2,500
- Endowments

- General Operating Costs
- Indirect Costs
- Individuals
- Playground Equipment and Vehicles
- Projects Outside the Five-County Region
- Projects Over One Year in Duration
- Retroactive Funding
- Sabbaticals
- Salary and Benefits

The Foundation may consider or exclude additional types of expenses on a case-by-case basis.

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, [Sarah Furrow](#).

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. For technical questions related to the grant management system, please contact Grants Manager, [Sarah Furrow](#), 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, [Sarah Furrow](#) at 304-397-5955 ext. 102.

ORGANIZATIONAL OVERVIEW

Organization Summary*

Please provide a brief description of the organization and its current programs.

Character Limit: 2000

History, Mission, and Values*

Summarize the organization's history and mission, and values.

Character Limit: 2000

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

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? Please note the project cannot begin before April 1, 2024 and the Foundation's funding award cannot be applied retroactively.

Character Limit: 10

End Date of Project*

When will this project be completed? Please note that the project must be completed by March 31, 2025 and the Foundation's funding award must be fully expended by that date.

Character Limit: 10

Please select the county or counties in which the project services will be provided.

West Virginia Counties Served by Project*

Please select the West Virginia county or counties the **project** will serve.

Choices

Barbour

Lewis

Randolph

Upshur

Webster

PROJECT INFORMATION

Project Description Summary*

In five sentences or less, please summarize the project(s) for which funding is requested.

Character Limit: 2500

New or Existing Project*

Indicate if this is a new project or a continuation of an existing project.

- If it is an existing project, please share the project results so far.
- If this is a new project, why is this a good time for the organization to begin this project?

Character Limit: 1000

Project Need*

- Who will the project serve?
- What need(s) will the project address?

Character Limit: 1000

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: 5000 | File Size Limit: 1 MB

Key Staff Roles*

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

Note: Only one file may be uploaded.

Character Limit: 3500 | File Size Limit: 1 MB

Collaborative Partnerships and Letters of Commitment*

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.

If there are no collaborative partnerships for this project, please enter **None**.

Note: Only one file may be uploaded.

Character Limit: 3500 | File Size Limit: 2 MB

PROJECT IMPLEMENTATION

Timeline/Work Plan*

What steps will be taken to implement the project? Include an estimated timeline of key project activities. This may include a description of key activities in months or calendar quarters.

Character Limit: 2500

Project Goals and Measurements*

Please identify up to three goals the organization plans to accomplish through this project. For each goal, identify how success will be measured. Include numerical targets where applicable. If funding is requested for multiple projects, please identify goals and measurements for each project.

Please use the statements below to guide your response.

- Goals: A project goal is a broad statement of what the project plans to accomplish.
- Measurement: Indicate what will be measured and the method that will be used to collect the data.

Note: Our Foundation is mindful of the challenges data collection can pose for organizations and for individuals accessing services. We understand that organizations serving basic needs, such as food pantries, may limit the collection of certain information in order to reduce barriers to service. If you have a question about goals and measurements related to the project, please reach out to a member of the Foundation Program Team.

Character Limit: 5000

Sustainability*

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

Note: The Foundation understands that a clear pathway to sustainability does not exist for all projects. However, for ongoing projects, we encourage the organization to develop strategies that will sustain its efforts into the future.

Character Limit: 2500

FINANCIAL INFORMATION (Previously Funded in the last 12 months)

Please contact Health Program Officer, **Sarah Campbell**, 304-397-5955 ext. 107, with any questions related to the requested financial information.

Note: A Foundation Program Officer may reach out to the organization after application submission with questions or request additional information.

Project Budget for THIS Request*

Please upload a budget for the project(s) for which funds are requested from the Foundation. A budget template is not provided. However, a budget example can be found [here](#).

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 *the current fiscal year*. If the current year statements include three months of data or less, please provide a statement for the last completed fiscal year. 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 *the current fiscal year*. If the current year statements include three months of data or less, please provide a statement for the last completed fiscal year. 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: 6 MB

FINANCIAL INFORMATION (Not Previously Funded in the last 12 months)

Please contact Health Program Officer, **Sarah Campbell**, 304-397-5955 ext. 107, with any questions related to the requested financial information.

Note: A Foundation Program Officer may reach out to the organization after application submission with questions or request additional information.

Project Budget for THIS Request*

Please upload a budget for the project(s) for which funds are requested from the Foundation. A budget template is not provided. However, a budget example can be found [here](#).

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- 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. The time period for the statement requested in this question and the statement requested 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**.

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File Size Limit: 2 MB

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- 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: 14 MB

ADDITIONAL DOCUMENTATION

Grant Awards Over \$5,000*

Please enter or upload a list of all grants greater than \$5,000 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 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: 2500

APPLICATION AGREEMENT AND ELECTRONIC SIGNATURE

Grant Opportunity*

How did you learn about this grant opportunity?

Character Limit: 250

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 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 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 [Sarah Furrow](#) at 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 25, 2024.