

*Delaware Community Foundation**Highmark Blue Cross Blue Shield Delaware's (Highmark BCBSD) BluePrints for the Community (BluePrints) Eligibility Form*

**HIGHMARK BLUE CROSS BLUE SHIELD DELAWARE (HIGHMARK BCBSD) BLUEPRINTS FOR THE COMMUNITY (BLUEPRINTS) REQUEST FOR STANDARD GRANT PROPOSALS**

Highmark BCBSD BluePrints is seeking grant proposals for health-related projects, programs and supportive services. BluePrints for the Community, administered by the Delaware Community Foundation, has contributed over \$21 million to the community since its inception in 2007. Community-based nonprofit organizations, community development organizations, and social service organizations, or other government entities, are eligible to apply. Preference is given to proposals that fit BluePrints for the Community priority areas, listed below:

- Increasing access to health care for uninsured/underserved
- Reducing health disparities in minority communities
- Supporting early childhood and youth development with initiatives focused on health
- Recruiting and training health care professionals
- Addressing social determinants of health

BluePrints Eligibility Factors

Grants may be used to initiate effective health programs and services or expand existing services that offer viable solutions. To be eligible for a standard grant, an organization must meet the following criteria:

- Be a nonprofit defined as tax exempt under section 501(c)(3) Public Charity of the Internal Revenue Service (IRS) or a non-revenue generating government agency providing community services.
- Be located and operate in the state of Delaware, with the majority of the program/initiative being administered in Delaware.
- Organizations with an active BluePrints for the Community small or special grant are eligible to apply for this opportunity as long as the request is for a program/project that is different than the other active proposal. In addition to, the progress report requirement being fulfilled with an active grant. Please ensure you have complied with the grant agreement requirements prior to application submittal.

Additional eligibility factors:

- An organization can request between \$51,000 - \$250,000 for a program/project in a grant funding cycle. If your request is \$50,000 and under, please apply to the Small Grants program found in the grant portal. If you are seeking funding greater than \$250,000, please contact us before submitting an application.
- Funds may be used to support health programs/projects being led by the submitter in partnership with other community-based and/or minority-led organizations.

Quarter 1 2022 Application Period & Deadline:

- Quarter 1: December 13, 2021 – January 10, 2022 at 11:59 p.m.
- Submissions will not be accepted after the posted deadline.
- Quarter 1 notifications will be announced the week of March 21, 2022 (date is approximate and subject to change).

Past Grant Examples

Below are simply examples and not all-inclusive of eligible proposals. BluePrints for the Community proposals should always clearly explain its measurable impact and outcomes specific to health.

- Increasing access to health care for the uninsured/underserved: Past grant examples include programs to provide mental health services for individuals experiencing homelessness; deployment of a mobile health unit to visit areas of the state with known transportation barriers.
- Reducing health disparities in minority communities: Past grant examples include programs that provide free screenings in low-income areas so that health conditions can be better assessed and managed; programming geared toward minority youth to reduce stigma around mental wellness and to break down cultural barriers to seeking care.
- Supporting early childhood and youth development with initiatives focused on health: Past grant examples include vision programs offering free or discounted eye exams to low-income students; school-based program providing virtual wellness support to students struggling during the pandemic; activities that encourage healthy habits and behaviors early in order to avoid future poor health outcomes.
- Recruiting and training health care professionals: Past grant examples include a family medicine residency program, scholarship and tuition assistance programs for CNA and other health care job training, and transportation support for high school students pursuing health-related certifications.

- Addressing social determinants of health: Past grant examples include a health literacy program to increase utilization of preventive care and ultimately lower cost related to declining health; building green spaces in urban areas to improve health conditions like asthma.

BluePrints Budget Guidelines

Allowable Costs Include:

- Salary - grant funds may be used to cover salaries for project-related employees, but cannot be used to pay salary costs for employees who are already employed full time. Exceptions may be made in circumstances where a specified position is supported primarily by grant funds and the applicant can demonstrate that the requested funds would replace existing grant funds.
- Consultant fees
- Materials and supplies (e.g. office supplies, health-related materials)
- Printing and travel that are reasonable and necessary for program/project implementation
- Indirect costs cannot exceed 10% of total costs

Not Allowable Costs Include (these items should not be included in the grant budget request):

- Salary costs for staff who are already employed full-time by their organization (see exceptions above)
- Construction, alteration, maintenance of buildings or building space, unless essential to program/project implementation
- Dues for organizational membership in professional societies
- Awards for individuals
- Billable services provided by physicians or other providers
- Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless essential to program/project implementation and not available from other sources
- Educational materials from non-BCBSD sources if comparable materials are available from BCBSD

BluePrints Eligibility Questionnaire

BluePrints Community Priorities*

Preference is given to proposals that fit BluePrints for the Community priority areas, listed below. Please select which one aligns to the proposed program/project.

Choices

- Increasing access to health care for uninsured/underserved
- Reducing health disparities in minority communities
- Supporting early childhood and youth development with initiatives focused on health
- Recruiting and training health care professionals
- Addressing social determinants of health

Is Your Organization a 501(c)3 Public Charity or Eligible Government Agency?*

Highmark Delaware only accepts applications from a 501(c)3 Public Charity as designated by the IRS or Eligible Government Agencies (must operate to serve the public good and not generate revenue, i.e. libraries, parks, public school districts; not the office of Management & Budget or the Division of Revenue).

Choices

- Yes
- Yes, through a Fiscal Sponsorship
- No

Is Your Organization Located in Delaware?*

Choices

- Yes
- No

Will the Majority of the Program/Project Initiative be Administered in Delaware?*

All grant proceeds must be used to provide programs and services for Delaware residents.

Choices

- Yes
- No

I, or an Employee of my Organization, Serves on the BCBSD Advisory Council or BOD?*

Applicants must disclose any conflict of interest due to representation by their organization on the Highmark Blue Cross Blue Shield Delaware's BluePrints (BCBSD) Advisory Council or Board of Directors (BOD).

Choices

- Yes
- No

I, or an Employee of my Organization, Serves on the DCF Advisory Council or BOD?*

Applicants must disclose any conflict of interest due to representation by their organization on the Delaware Community Foundation (DCF) Advisory Council or BOD.

Choices

Yes

No

Do You Agree With the Above BluePrints Budget and Grant Guidelines?*

Choices

Yes

No

Conflict of Interest Part II

If Answered Yes, Please Choose From the Choices Below.*

Choices

I currently serve on the BCBSD Advisory Council

I currently serve on the BCBSD Board of Directors

An employee from our organization current serves on the BCBSD Advisory Council

An employee from our organization current serves on the BCBSD Board of Directors

Conflict of Interest Part II

If Answered Yes, Please Choose From the Choices Below.*

Choices

I currently serve on the DCF Advisory Council

I currently serve on the DCF Board of Directors

An employee from our organization current serves on the DCF Advisory Council

An employee from our organization current serves on the DCF Board of Directors

Fiscal Sponsorship

If Applying Using a Fiscal Sponsorship, Will you be Able to Provide Documentation?*

Please note: If answered yes, you will need to provide documentation such as a fiscal sponsor agreement verifying your fiscally sponsored relationship.

Choices

Yes

No