

2022 Q2 Highmark BCBSD BluePrints for the Community

Delaware Community Foundation

I. ORGANIZATION INFORMATION

Primary Organization Name*

Character Limit: 250

EIN*

Character Limit: 250

Full Name of Executive Director/CEO*

Character Limit: 100

Executive Director/CEO Contact Number*

Character Limit: 10

Executive Director/CEO Email Address*

Character Limit: 254

If Your Organization is a Subsidiary, Please List the Parent Organization

Character Limit: 250

If Applicable, Please List the Organization if Fiscally Sponsored and Upload Documentation*

*Please explain and upload documentation verifying your Fiscally Sponsored relationship.

Please put N/A if this does not apply.

Character Limit: 2000 | File Size Limit: 2 MB

How Many Years Has the Organization Been in Operation?*

Character Limit: 3

Mission Statement or Brief Organization Overview (A few sentences)*

Character Limit: 1000

Organization's Annual Operating Budget*

Character Limit: 20

Organization Website

Character Limit: 2000

Organization Geographic Area(s) Served (Please List)*

For example: Statewide, New Castle County, Kent County, or Sussex County.

Character Limit: 1000

Name and Title of Contact Person*

Character Limit: 250

Contact Person's Email:*

Character Limit: 254

Contact Person's Phone Number*

Character Limit: 9

II. PROGRAM/PROJECT DETAILS

Program/Project Name*

Character Limit: 100

BluePrints Priority Areas*

Please choose which most aligns with your 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

Amount Requested*

Guidelines are \$51,000 - \$250,000.

If your request is \$50,000 and under, please submit a small grant.

Character Limit: 20

Program/Project Start Date*

Project/Program should begin within the *current year* and *within 3 months* of receiving the funds (if awarded).

Character Limit: 10

Program/Project End Date*

Character Limit: 10

Program/Project Budget*

Character Limit: 20

Other Funding*

- Please include a list of all other funding sources for this Program/Project, including the amount of the contribution. Also, list requests that are pending or were not funded.

Character Limit: 250

Program/Project Overview*

- Explain clearly how the proposed program/project will address the BluePrints priority area indicated and/or describe the need or issue for the proposed program/project.
- Explain how the need or issue was identified, i.e. through community surveys, regional data collection, etc.

Character Limit: 2000

Program/Project Implementation and Evidence-Base*

- Please describe how the proposed program/project will be implemented.
- What is the evidence to support this strategy? (e.g. researched, proven effective, best practice, it's cited or it's included in a recommendations document from recognized source, etc.)

Character Limit: 3000

Timeline*

- Please provide a timeline of the proposed Program/Project, including key milestones.

Character Limit: 1000

Is This a New Program/Project or Expansion of a Current Program/Project?*

- If this project is current, to date, what is the actual number of people being directly served and their demographics?
- If you were to receive BluePrints funding, please share your organization's plans to sustain this program/project beyond this grant *and* if you do not receive BluePrints funding, how do you intend to fund this project and make it sustainable?

Character Limit: 1500

Organization Experience*

- Please list/describe the organization's experience (if any) providing health services to the identified population/community (e.g., qualifications, credibility, reputation, history, past success, etc.) to administer this kind of work.

Character Limit: 1000

Target Population*

- Please provide the number of people to be served and their demographics (*i.e.* *age, ethnicity, gender, socio-economic status*).
- If this is a Housing/Building project, please enter the number of units to be completed. If this is a Neighborhood and Built Environment project, please enter the number of new sidewalks, walking paths, etc. to be completed.

Character Limit: 1500

Income Limits*

As applicable, please identify the income limits of the target population.

Choices

Low-Income (<50% of median income)
 Low-Moderate-Income (50% - 80% of median income)
 Upper-Income (>80% of median income)
 Does Not Apply
 All of The Above

Please note: Per HUD FY 2021 Income Limits - Low Income (80%), Very Low Income (50%), etc. \$94,500 MSA Median Family income, Preliminary 4-Person Income Limit Area, Philadelphia-Camden-Wilmington, PA-NJ-DE-MD
 \$75,600 Low Income (80%) Median Family income, Preliminary 4-Person Low-Income Limit Area, Philadelphia-Camden-Wilmington, PA-NJ-DE-MD

Please List the Percentage of Each Population Checked

For example, 60% of the population to be served will be Low-Income, 20% of the population will be Low-Moderate Income and 20% of the population will be Upper-Income. **Totaling 100%**
 Please enter n/a if this does not apply.

Character Limit: 250

Program/Project Area(s) to be Served*

- Please provide the program/project location (Statewide, New Castle County, Kent County, or Sussex County). Also list by city, town or zip code if applicable.
- Please provide the number of people/community that may be impacted if applicable.

Character Limit: 2000

Impact, Measures of Success and Expected Health Outcomes*

- How will you evaluate this program/project's health impact?
- How will you measure those goals, strategies or activities that you plan to achieve?
- What are the expected health outcomes?

Character Limit: 2000

Partnership/Collaboration*

- Does the program or project include partnerships or collaborations with other organization(s), local residents, or will it bring local residents/community organizations together? If yes, what organization(s)/communities? Please explain.

Character Limit: 2000

Has the Organization Received Any Funding Within the Last 3 Years From BluePrints?*

Choices

Yes

No

Diversity, Equity, and Inclusion (DEI)*

The Delaware Community Foundation would like to collect demographic data on your Board of Directors and the population your organization serves. **Please note that answers to these questions will not affect the ranking of your proposal.**

Incorporating the values of Diversity, Equity, and Inclusion* At the DCF, we are committed building opportunity for all. To be successful, we know that a focus on equity is crucial. The DCF has made several organizational commitments.

We would like to hear from you on how your organization is incorporating DEI values:

For example, Has your organization hosted cultural sensitivity training for staff and/or board of directors? Is your organization seeking out cross-cultural experiences that encourage awareness of other cultures or spend a day in the life of the community members you serve?

Character Limit: 750

How Do You Incorporate the Values of Diversity, Equity and Inclusion (DEI) in Operations?*

For example, do you incorporate the perspectives of the population served in program design and delivery?

Character Limit: 1000

What Are the Demographics of Your Organization's Board of Directors?*

For example, please list the ethnicities/race, gender, etc. Breakdown makeup. e.g.: 4 men, 4 women, and 1 African American, 1 Caucasian, 2 Asian, etc..

Character Limit: 500

Please List Any DEI Goals Your Organization Hopes to Achieve in the Future.

For example, developing a more diverse board of directors, conducting yearly cultural competency trainings with staff, active inclusion of diverse vendors, mechanisms for senior accountability for DEI performance, etc.

Character Limit: 2000

II.I PAST FUNDING FROM BLUEPRINTS

For What Program/Project and How Much Funding Did You Receive from BluePrints?*

Character Limit: 250

III. REQUIRED DOCUMENTS

Please Upload a Copy of the Most Recent Audited Financials and IRS Form 990*

For organizations that have only completed one fiscal year, please provide accounting records showing the most recent or current Board-approved financials.

File Size Limit: 15 MB

Please Upload a Detailed Program/Project Budget*

The program/project budget should be specific to the funding you are requesting from BluePrints. Please provide a detailed budget illustrating how much money will be used for each line item, including projected costs which should be clearly relevant to the proposal. Also, include a short budget narrative describing how the proposed funds will be used.

File Size Limit: 8 MB

Organization Budget and Balance Sheet*

File Size Limit: 10 MB

Board List*

Please upload a list of your organization's board of directors.

File Size Limit: 1 MB

IRS Determination Letter*

File Size Limit: 1 MB

Other Supporting Documents Here

File Size Limit: 7 MB

IV. PAYMENT PROCESSING

Grants will be processed through Direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to process payment to your organization, if awarded.

Authorization of Payment*

I (we) authorize the Delaware Community Foundation to electronically credit our account (and, if necessary, electronically debit our account to correct erroneous credits) as follows:

Choices

Checking Account

Savings Account

Attach Bank Account Details (Voided Check or Letter from Bank)*

Please attach either a voided check or a letter from the bank verifying your account number. This will allow for accuracy of bank details and for efficient payment processing.

File Size Limit: 6 MB

Signature: Payment Processing Authorization: By typing your name below:*

I (we) understand that this authorization will remain in full force and effect until I (we) notify Delaware Community Foundation in writing that I (we) wish to revoke this authorization. I (we) understand that the Delaware Community Foundation requires at least 5 business days prior notice in order to cancel this authorization.

Character Limit: 50

V. ACKNOWLEDGEMENT**Applicant Authorization***

Please indicate which applies

Choices

I am the Authorized Personnel to submit this application on behalf of the organization

I am the Executive Director/CEO authorized to submit this application on behalf of the organization

Signature of Executive Director/CEO or Authorized Personnel*

I acknowledge by typing my name below, I am providing an electronic representation of my signature for all purposes of completion of this grant application and have authorization as the Executive Director/CEO or authorized personnel to submit this application on behalf of the organization.

Character Limit: 100