

# 2024 Highmark SMALL Grants - BCBSD BluePrints for the Community

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*Delaware Community Foundation*

## ***I. ORGANIZATION INFORMATION***

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### **Name and Title of Contact Person\***

*Character Limit: 250*

### **Contact Email\***

*Character Limit: 50*

### **Contact Person's Telephone Number\***

*Character Limit: 10*

### **Primary Organization Name**

*Character Limit: 250*

### **EIN**

*Character Limit: 250*

### **Name of Executive Director/CEO\***

*Character Limit: 100*

### **Executive Director/CEO Email\***

*Character Limit: 254*

### **Executive Director/CEO Phone Number\***

*Character Limit: 10*

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

*Character Limit: 250*

### **Fiscally Sponsored\***

Please list the organization if being Fiscally Sponsored and explain why you require a fiscal sponsor. Upload the fiscal agreement verifying your Fiscally Sponsored relationship.

Please put n/a if this does not apply.

*Character Limit: 2000 | File Size Limit: 1 MB*

### 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: 500*

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

*Character Limit: 1000*

### How Many Years Has the Organization Been in Operation?\*

*Character Limit: 3*

### Organizational Experience\*

Explain the organization's experience in administering the work outlined in this proposal and/or support for why you will be successful.

*Character Limit: 5000*

## II. SMALL GRANT PROGRAM/PROJECT DETAILS

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### BluePrints Priority Areas\*

Choose **ONE** BluePrints focus area your application most fully aligns with:

**Healthcare Access** (e.g: preventative care, disease specific, health literacy, research, etc.)

**Economic Stability for families and individuals** (e.g.: financial resources strains, food insecurity, housing stability, etc.)

**Social and Community Context** (e.g.: mental health, physical activities, social connections, etc.)

**Neighborhood and Built Environment** (e.g.: safety, transportation, environmental health, infrastructure, etc.)

**Health Workforce** (e.g.: training, upskilling, further education, provider practice improvements, etc.)

#### Choices

Healthcare Access

Economic Stability for families and individuals

Social and Community Context

Neighborhood and Built Environment

Health Workforce

### Program/Project Name\*

*Character Limit: 100*

### Program/Project Executive Summary\*

This summary should clearly and concisely explain **WHO** is being served, **WHAT** the program or project is, **WHY** the program or project is needed, **HOW** it will be executed and the anticipated impact. This will be the summary that the BluePrints Advisory Council and Highmark Board will see.

*Character Limit: 1200*

### Program/Project Need\*

Please explain why this program/project is needed and **the problem being addressed**. Examples of information to share include but are not limited to:

- How the need or issue is identified, i.e. through community surveys, regional data collection, etc.
- Why a new program is needed or why an existing project required this support.
- Who else is addressing this need or problem?

*Character Limit: 2000*

### Proposed Timeline\*

Provide a high-level timeline to execute the program/project. If awarded, use of funding should begin within 3 months of receiving the funds and generally be expended within 12 months.

*Character Limit: 1000*

### Who does the proposal aim to benefit?\*

Select all that apply as relevant to this application and its proposed health outcomes.

#### Choices

General Population  
 Specific Gender or Gender Identity  
 Specific Ethnicity or Race  
 LGBTQA  
 Differentlyabled  
 Veterans/Military  
 Infant & Youths, 0-15 Years  
 Young Adults, 15-24 Years  
 Aging Adults, 55+  
 Other

### Specific Gender/Identity/Ethnicity/Race or Other

If you picked **Specific Gender or Gender Identity**, **Specific Ethnicity or Race** or **Other** above, please provide that information.

*Character Limit: 250*

### How many individuals and/or defined groups to be served?\*

For example, 500 cancer survivor patients and their families.

*Character Limit: 250*

**Target Population Income Limits\***

If relevant to this application, identify the income limits of the target population.

**Please note: Per HUD FY 2021 Income Limits:**

Median Family (4-person) income for MSA Philadelphia-Camden-Wilmington, PA-NJ-DE-MD is \$94,500

**Low Income (80%) Median Family Income is \$75,600**

**Choices**

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

**Percentages of Each Population Checked**

For example, Low-Income 60%, Low-Moderate Income 20%, Upper Income 20% = 100%. Enter n/a if this does not apply.

*Character Limit: 750*

**Partners/Collaboration\***

Who are you partnering or collaborating with - community based organizations, local residents, state agencies, etc.?

**Identify those partners and their role in your proposal. Put n/a if not applicable.**

*Character Limit: 1000*

**Where geographically will most of the program serve?\***

Provide the area(s) below.

**Choices**

- Statewide
- New Castle County
- Kent County
- Sussex County

**Primary Geography Served - Zip Codes**

Please list the 5 primary zip codes served by your organization.

<b>Zip Code</b>


**MEASURING SUCCESS**

**Anticipated Community Impact\***

Please provide specific metrics and details on community impact relevant to your program/project. This response could include outputs, outcomes and anticipated impacts. For this application:

**Outputs are actions being taken.**

**Outcomes are the effect of the output.**

**Impact is the change observed relevant to outcomes.**

Please note the examples below are illustrative only and may not apply to your program/project. Your response should be specific to your program/project.

*Character Limit: 5000*

**Example 1 - Addressing a chronic condition influenced by weight:**

Output: Decreasing calories consumed through diet and nutrition planning

Outcome: The observed weight

Impact: Weight loss contributes to chronic condition improvement as measured by heart rate, blood pressure, etc.

**Example 2 - Ensuring vision health of youth**

Output: Providing eye exams to children

Outcome: # of children who benefit from eye exams and screenings

Impact: Improvement in children's eye health as measured by # of children who received eye glasses and/or referrals for supplemental vision care

**Example 3 - Improving mental health for a specific population**

Output: Providing access to mental health services, such as talk therapy

Outcome: # of individuals participating

Impact: Improvement in mental health as measured by patient surveying; decrease in risky behaviors, etc.

**Example 4 - Recruiting healthcare workers to a specific region**

Output: Creating a residency program

Outcome: # of doctors trained

Impact: Improved access to care as measured by # of residencies completed; # of new patients seen, etc.

### Measuring Success\*

Explain what progress or success would look like and how it will be achieved, tracked and measured. At the end of the grant year, the DCF will request a written end of year report. Please provide 3-5 ways your organization will measure success.

*Character Limit: 2000*

## III. FUNDING

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### Program/Project Budget\*

*Character Limit: 20*

### Amount Requested\*

Guidelines are requests should be less than \$50,000.

*Character Limit: 20*

### Substantiate Need (Budget Narrative)\*

Describe the specific uses for BluePrints funds for the program/project. If this is part of a larger or longer-term program/project, specify how BluePrints funds will be used within the phase or portion of the program/project.

*Character Limit: 1000*

### Other Funding\*

Please include a list of all other funding sources - declined, awarded or pending - specifically for this program/Project, (grants, gifts, in-kind donations, and loans) including the amounts and dates for pending requests.

*Character Limit: 1000*

## IV. DIVERSITY, EQUITY & INCLUSION (DEI)

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### DIVERSITY, EQUITY & INCLUSION

The Delaware Community Foundation would like to collect demographic data on your Board of Directors and the population your organization serves.

Incorporating the values of Diversity, Equity & Inclusion (DEI)

At the DCF, we are committed to building opportunity for all. To be successful, we know that a focus on equity is crucial.

The DCF has made several organizational commitments and now, we'd like to hear from you on how your organization is incorporating DEI values.

For example:

- Do you incorporate the perspectives of the population served in program design and delivery?
- Has your organization hosted cultural sensitivity training 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: 1000

### How many serve on your Board of Directors?\*

Character Limit: 20

### Board of Directors Demographic: Gender Makeup

Please provide an estimate of the gender identity distribution of your board of directors. The total should match the previous question. If the answer is zero (0) for a category, please put 0. Do not leave blank.

Gender Makeup	
Females-Bd	
Males-Bd	
Non-Binary-Bd	
Choose Not to Identify-Bd	
Unknown/Not Tracked-Bd	
Total Number of Board Members	

### Board of Directors: Racial/Ethnic Makeup

Please provide an estimate of the racial/ethnic distribution of your board of directors. The total should match the total in the previous question. If the answer is zero (0) for a category, please put 0. Do not leave blank.

<b>Race/Ethnic Makeup</b>	
<b>American Indian/Native Alaskan-Bd</b>	
<b>Black/African-American-Bd</b>	
<b>Asian American-Bd</b>	
<b>Native Hawaiian/Other Pacific Islander-Bd</b>	
<b>White/Caucasian-Bd</b>	
<b>Hispanic/Latinx-Bd</b>	
<b>Other/Mixed Race-Bd</b>	
<b>Total Number of Board Members</b>	

**Population Served Demographic: Gender Makeup**

Please provide an estimate of the gender makeup distribution of the population you serve. These entries are in % and should total 100% at the bottom. If the answer is zero (0) for a category, please put 0. Do not leave blank.

<b>Gender Makeup</b>	
<b>Female-Pop</b>	
<b>Male-Pop</b>	



<b>Non-Binary-Pop</b>	
<b>Choose Not To Answer-Pop</b>	
<b>Unknown/Not Tracked-Pop</b>	
<b>Total (should add up to 100%)</b>	

**Population Served Demographic: Race/Ethnic Makeup**

Please provide an estimate of the Race/Ethnic distribution of the population you serve. These entries are in % and should total 100% at the bottom. If the answer is zero (0) for a category, please put 0. Do not leave blank.

<b>Race/Ethnic Makeup</b>	
<b>American Indian/Native Alaskan-Pop</b>	
<b>Black/African-American-Pop</b>	
<b>Asian American-Pop</b>	
<b>Native Hawaiian/Other Pacific Islander-Pop</b>	
<b>White/Caucasian-Pop</b>	
<b>Hispanic/Latinx-Pop</b>	
<b>Other/Mixed Race-Pop</b>	

Total (should add up to 100%)	
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## V. REQUIRED DOCUMENTS

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### Program/Project Budget\*

Please provide budget detail for the program/project for which you are applying, including what expenses are included in this grant request.

*File Size Limit: 5 MB*

### Organization Budget\*

Please provide budget detail for the organization. **List any current or previous BluePrints funding, including year, proposal name and amount.**

*File Size Limit: 5 MB*

### Copy of the Most Recent Audited Financials and IRS Form 990\*

Organizations that have only completed one fiscal year, please provide accounting records showing the most recent board-approved financials.

*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*

### Additional Attachment (Optional)

Please upload a photo or collateral that helps visually support the proposed project. Please include a brief description of the attached photo. **Please note that these will be reviewed as part of the evaluation process and may be shared with select DCF fundholders.**

*File Size Limit: 7 MB*

## VI. PAYMENT PROCESSING

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

### Authorization of Payment\*

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

#### Choices

Checking Account

Savings Account

### Attach Bank 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: Agree and Approval for Payment Processing\*

I (we) understand that this authorization will remain in full force and effect until I (we) notify the 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*

## VII. ACKNOWLEDGEMENT

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### Signature of Applicant Organization's Executive Director/CEO\*

By typing your name below, you confirm application organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, national origin or sexual orientation.

*Character Limit: 100*

### Signature of Person Completing Application\*

By typing your name below, you confirm application organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, national origin or sexual orientation.

*Character Limit: 100*