



EPISCOPAL HEALTH
FOUNDATION

Grant Guidelines

Updated February 17, 2017

EHF's Vision, Goals, Strategies

Our Vision

Transformation to healthy communities for all

Our Goals

Strong health systems
Connected communities
An engaged Diocese

Our Strategies

Access to health services
Behavioral health
Community capacity building
Comprehensive community-based primary care
Early childhood development

Strategic Alignment

EHF is committed to achieving transformative change through specific health-related strategies outlined above. Applicants should think very

carefully about how they see their work aligning with the Foundation's strategic plan including how that work supports transformation and a systems orientation.

Basic Eligibility Criteria

Tax Exempt Status

EHF makes grants to nonprofit, tax-exempt organizations whose work relates directly to EHF's vision, goals and strategies. To be eligible, an organization must have received an Internal Revenue Service Determination Letter indicating that it is an organization described in Section 501(c)(3) or 170(c) and is not a private foundation within the meaning of Section 509(a) of the U.S. Internal Revenue Service Code.

Foundation Service Area

EHF provides grants to organizations that serve vulnerable populations within the [57-county service area](#) of the Episcopal Diocese of Texas.

What EHF Does Not Fund

EHF does not fund the following:

- Grants to individuals
- Grants for scholarships
- Grants for religious purposes
- Grants to public agencies for routine service provision
- Grants to retire operating deficits or debt
- Grants for parks, playgrounds, or camps
- Grants to provide services restricted to individuals living in a specific residential facility
- Grants for acute care, inpatient care or long-term care institutions
- Grants for emergency assistance organizations for routine service provision
- Grants for biomedical research
- Grants for child care, early education or after-school programs for routine service provision
- Grants to schools for core educational purposes
- Grants for disease- or condition-specific organizations for program, research or advocacy work
- Grants to underwrite conferences, luncheons, galas or fundraisers, or special events such as health fairs

- Direct or indirect support for candidates, political parties, 501(c)(4) organizations or Political Action Committees

Religious Affiliation

While EHF exists as a supporting organization of the Episcopal Diocese of Texas, we do not require an applicant's affiliation with the Episcopal Church or any other faith community in-order-to be considered for funding.

Anti-discrimination

EHF is committed to providing an environment free of discrimination where all individuals are treated with respect and dignity, can contribute fully and have equal opportunities. EHF does not support discrimination by our affiliates based on any of the grounds mentioned below. Any acts or practices deemed to be discriminatory are grounds for refusal to partner with potential affiliates or termination of pre-existing relationships.

- Age
- Employment status
- Socioeconomic status
- Religion
- Gender (including pregnancy and breastfeeding)
- Sexual orientation
- Gender identity
- Gender expression
- Marital status (including married, single, widowed, divorced, separated or living in a conjugal relationship outside of marriage, whether in a same-sex or opposite-sex relationship)
- Disability (including mental, physical, developmental or learning disabilities)
- Race
- Ancestry
- National or ethnic origin
- Citizenship
- Association or relationship with a person identified by one of the above grounds

Expectations of Primary Care Providers

Comprehensive women's health services

The Foundation highly values the provision of comprehensive preventive services for women of all ages. According to the Institute of Medicine, women in particular stand to benefit from additional preventive health services including medications, procedures, devices, tests, education and counseling shown to improve well-being, and/or decrease the likelihood or delay the onset of a targeted disease or condition. This includes among other things, a full range of contraceptive education, counseling, methods and services so that women can better avoid unwanted pregnancies and space their pregnancies to promote optimal birth outcomes. The public health benefits of contraception are well-documented in the literature and the CDC identifies family planning as [**one of the greatest public health achievements of the 20th century.**](#)

Childhood immunizations

In May 1992, responding to a recent resurgence of measles, the U.S. Public Health Service and a diverse group of medical and public health experts established the Standards for Pediatric Immunization Practices. <http://www.hhs.gov/nvpo/nvac/standar.html>

These Standards, which were approved by the U.S. Public Health Service and endorsed by the American Academy of Pediatrics, represent the most desirable practices for all healthcare providers and immunization programs. These standards support that immunizations should be given as part of comprehensive child healthcare. Consistent with these standards, the Foundation expects primary care clinics serving children to incorporate these standards as part of their comprehensive primary care and pediatric services.

Patient fees

The Foundation believes that all clinics, including those serving low-income, uninsured and vulnerable populations, should look to a variety of revenue streams to support their work. Patient fees, priced on a sliding scale and waived when appropriate, are an important part of the revenue mix for several reasons. First, they provide a source of revenue, even if modest, that can make a difference in a tight budget. Healthcare delivery has substantial costs, and patients know or should know that and should contribute when they can. Additionally, patients

value what they pay for and feel more dignity when they contribute to the cost of their care than when they receive care in the form of charity. High-quality care is less likely to be achievable and sustainable if it relies entirely on philanthropy (in the form of dollars and/or staff).

Types of Grants Awarded

The Foundation provides eligible applicants with the following types of competitive investments:

- **Restricted grants** support specific activities carried out over a defined period and/or are planned in-order-to achieve a specific result or goal
- **Unrestricted grants** support an organization's day-to-day expenses in furtherance of its mission rather than specific projects or programs; may also include support to build organizational infrastructure

EHF also provides funding solicited by invitation only that include:

- **Small grants** to provide up to \$10,000 in support of the immediate short-term needs of an organization to address a specific organizational development or emergency issue
- **Request for Proposals** when issued by the EHF to support specific initiatives of interest to the Foundation

We will consider grants for **capital support** on a limited basis after consultation and **by invitation only**.

Award Amounts

During 2016, EHF awarded approximately \$17 million in competitive grants. In 2016, our smallest competitive award was \$8,000 and our largest was \$866,000. The median award was \$100,000.

During 2017, EHF expects to award approximately \$25 million in competitive grants.

Grant Review Process

EHF uses a two-step grant application process. Step one is the Letter of Inquiry (LOI) and Step two is the grant application.

Step One - [Letter of Inquiry \(LOI\)](#)

The [LOI](#) helps EHF determine whether your organization and/or project are aligned with our strategies and eligible for grant consideration. If so, an invitation to submit a grant application will be extended. Before submitting your LOI, please review the Foundation's 2017 Funding Strategy. LOIs should be signed by the President, Chief Executive Officer, or Executive Director of the organization.

[Click here to download the LOI form](#)

Please download the LOI and save it to your computer to complete. The completed LOI is to be returned via email to Lisa Mendoza at emendoza@episcopalhealth.org.

Upon review of the LOI, EHF will send an email either inviting you to submit a full grant application at the appropriate deadline or declining your request. Please refer to the grant review schedule below for LOI deadlines. We strongly encourage you to submit an LOI as far in advance of your corresponding deadline as possible. We will make every attempt to respond to your LOI as soon as possible, but no later than 4 weeks after submission.

Because the demand for foundation support always exceeds available grant dollars, an invitation to submit a full grant application does not guarantee that funding will be awarded.

Step Two - Grant Application

If your LOI is approved, you will receive an invitation to submit a grant application and a link to the online form. EHF will consider LOIs and grant applications during strategy-specific cycles. Please see the chart below for 2017 cycles and application deadlines.

2017 Grant Review Schedule

Funding Cycle	Strategy	Deadlines		
		LOI Submission	Grant Application Submission	Board Consideration
1	Open	N/A	Closed	March 2, 2017
2	Comprehensive community-based primary care / Access to health services	February 1, 2017	March 20, 2017	June 15, 2017
3	Early childhood development / Community capacity building	April 18, 2017	June 16, 2017	September 21, 2017
4	Mental health	July 18, 2017	September 15, 2017	December 14, 2017

Grant Application Review and Assignment of Program Officer

Once your application has been received, it will be assigned to a program officer for review. The program officer will contact you to conduct due diligence which may include a site visit.

Grant Decisions and Notification of Award

All applicants will be notified via email within 10 working days of stated Board meetings about the final actions taken by the Board of Directors.

Organizations receiving awards will be sent a grant contract via U.S. Mail, which must be signed and mailed back to our grants administrator. Upon receipt of the signed contract, EHF will process payment of the grant.

EHF requires all grantees to receive their grant payments through an electronic funds transfer (EFT) process. You will receive the required EFT form along with your award letter and contract.

Post Award

Keep in touch with your program officer. Let her/him know of any significant changes in your organization and/or programming.

If you receive a grant you must provide EHF with interim and final reports including progress made towards contractual outcomes and expenditure of grant funds to date. Dates for these and other required reports will be clearly stated in the grant contract. Subsequent applications from an organization will be considered only if reporting is up-to-date. Questions about reporting requirements should be directed to our grant administrator, Ruben Lanting, at rlanting@episcopalhealth.org.

Inquiries/Communications

All inquiries by applicants or potential applicants regarding grant requests, awards/denials, and availability of funds should be directed to EHF's grantmaking department at grants@episcopalhealth.org or (713) 225-0900.

As per Board-approved EHF policy, applicants should not direct questions or letters of support to or attempt to obtain support from EHF Board members.

Evaluation and Learning

EHF values learning and evaluation for all stakeholders on the pathway to community health transformation. We look forward to ongoing engagement with applicants and grantees on this topic in-order-to fully realize the potential of the work they are doing.

Not all projects can be funded

EHF's Board of Directors has the responsibility for the final approval or declination of each grant. Since EHF receives funding requests that far exceed our grants budget each year, we cannot fund every worthy project. A decision not to fund a proposal does not reflect on the merits of the proposal or the applicant organization.

