Welcome to the Episcopal Health Foundation's (EHF's) online grant application process. Our vision is transformation to healthy communities for all. We can only make that vision a reality with the energy, creativity, and dedication of our grantee partners. Thank you for your interest in joining us in this work.

We want to be sure that your organization and your activities are aligned with our basic requirements for funding eligibility. Please answer the following screening questions as a first step in the application process. If you meet our basic requirements you will be given immediate access to the full online grant application.

1. Eligibility Screening Quiz:

Are you an organization described in sections 501(c)(3) or 170(c) of the Internal Revenue Code or a governmental agency and not a private foundation described in section 509(a) of the Code?
(Yes or No)

Do you provide services in one or more counties within the Episcopal Diocese of Texas?
(Yes or No)

Are you applying for support from the Episcopal Health Foundation to benefit a single individual or family? (Yes or No)

Are you applying for support from the Episcopal Health Foundation to support religious purposes? (Yes or No)

Are you applying for support from the Episcopal Health Foundation to support routine service provision at any of the following: a public agency, an emergency assistance organization, or a child care, early education, or after-school program?
(Yes or No)

Are you applying for support from the Episcopal Health Foundation to retire an operating deficit or debt? (Yes or No)

Are you applying for support from the Episcopal Health Foundation to support a park, playground, or camp? (Yes or No)

Are you applying for support from the Episcopal Health Foundation to provide acute care, inpatient care, or long-term care within an institution? (Yes or No)

Are you applying for support from the Episcopal Health Foundation to support biomedical research? (Yes or No)

Are you applying for support from the Episcopal Health Foundation to support a school for core education purposes? (Yes or No)

Are you applying for support from the Episcopal Health Foundation to support a disease- or condition-specific organization for research or advocacy work? (Yes or No)

Are you applying for support from the Episcopal Health Foundation to underwrite a conference, luncheon, gala, or fundraiser? (Yes or No)

Are you applying for support from the Episcopal Health Foundation to directly or indirectly support a candidate, political party, 501(c)(4) organization, or PAC? (Yes or No)

General Instructions:

Welcome to the Episcopal Health Foundation's (EHF's) online application. Please complete and submit this application and all required attachments for review. All questions are required. However, if the question does not apply to your organization or request, please indicate such in the response field. Word limits are enforced on all questions. The application will count words for you as you enter text (note the tally at the bottom of the text field), but it will not stop you from entering more than the word limit. When you click 'next' to move to the following section of the application, the system will alert you if you have exceeded a word limit and will not allow you to proceed until you correct that problem.

Remember to always save your application before exiting or printing a copy.

2. Organization and Contact Information

Name of organization:

Mailing address:

City:

State:

Zip code:

County:

Website address:

Federal Tax ID Number:
If your organization is a 501(c)(3), this is the number that is on your IRS Determination Letter and annual 990 report. If your organization is a governmental agency, please enter your EIN number. If your organization has another form of tax status documentation, you will have the opportunity to provide that as an attachment to this application.

Which of the 57 counties in the Episcopal Diocese of Texas do you primarily serve? You may check more than one county if appropriate.

☐ All 57 Counties ☐ Anderson ☐ Angelina ☐ Austin ☐ Bastrop ☐ Bell
☐ Brazoria ☐ Brazos ☐ Burleson ☐ Burnet ☐ Chambers ☐ Cherokee ☐ Colorado
☐ Coryell ☐ Falls ☐ Fayette ☐ Fort Bend ☐ Freestone ☐ Galveston ☐ Gregg
☐ Grimes ☐ Hardin ☐ Harris ☐ Harrison ☐ Houston ☐ Jasper ☐ Jefferson
☐ Lampasas ☐ Lee ☐ Leon ☐ Liberty ☐ Limestone ☐ Madison ☐ Marion
☐ Matagorda ☐ McLennan ☐ Milam ☐ Montgomery ☐ Nacogdoches ☐ Newton
☐ Orange ☐ Panola ☐ Polk ☐ Robertson ☐ Rusk ☐ Sabine ☐ San Augustine
☐ San Jacinto ☐ Shelby ☐ Smith ☐ Travis ☐ Trinity ☐ Tyler ☐ Walker
☐ Waller ☐ Washington ☐ Wharton ☐ Williamson

Primary Contact for Organization

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Office Phone:

Extension:

Mobile Phone:

E-mail:

Application Contact

Click here if same as Organization's Primary Contact
☐
Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Office Phone:

Extension:

Mobile Phone:

Email:
(Notifications regarding this application will be sent to this email address.)

3. Organization and Grant Overview

What are the mission and vision of your organization? (250 words)

What are your organization's primary activities? (250 words)

Is your organization part of any larger community coalitions that collaborate in planning or decision-making to improve community health? If so, please explain. (250 words)

Grant Request in Brief:

Grant title (20 words):

Type of grant requested (Please choose all that apply):
- Capacity building grant
- Operating grant
- Project/program grant

If you are seeking a capacity building grant to help strengthen your organization and services, please indicate in which area of capacity building you are focusing your request.
- Business processes
- Community organizing
- Evaluation and learning system
- Fund development
- Innovation
- Outreach
- Planning
- Technology
- Other
- Does not apply

Grant purpose: (100 words)

Grant amount requested:

Total project/program budget:

Total organizational budget for current fiscal year:

Proposed start date:

Proposed end date:

4. Strategic Alignment with EHF

Please indicate your alignment with EHF's goals and strategies. You may select a primary and secondary goal and a primary and secondary strategy if appropriate. You can learn more about these goals and strategies on the EHF website, www.episcopalhealth.org.

Primary goal (REQUIRED):
- Connected communities
- Engaged Diocese
- Strong health system

Secondary goal (OPTIONAL):
- Connected communities
- Engaged Diocese
- Strong health system

Primary strategy (REQUIRED):
- Access to health services
- Capacity building
- Collective impact
- Early childhood development
- Healthy planning
- Comprehensive community-based primary care
- Mental health and wellness

Secondary strategy (OPTIONAL):
- Access to health services
- Capacity building
- Collective impact
- Early childhood development
- Healthy planning
- Comprehensive community-based primary care
- Mental health and wellness

Tell us more about how your proposal aligns with EHF's goals and strategies. (500 words)

5. Financial and Administrative Information

Organization's fiscal year end. (Please use MM/DD/YYYY format):

Prior fiscal year's operating expenses:

Prior fiscal year's primary sources of revenue including both private and public sources: (100 words)

Please describe the size and composition of your organization's staff. If possible, indicate how many people are employed in executive, administrative, program, fundraising, or other types of roles. (250 words)

Please describe your volunteer base, number of volunteers, total hours contributed in the most recent year, and types of services provided (if applicable). (250 words)

How do the members of your Board of Directors participate in the organization? Please include what percentage of your Board contributed financially to your organization and the total combined amount of their giving. (250 words)

Describe how decisions are made in your organization. (250 words)

PLEASE NOTE: We require you to submit a current operating budget, most recent income statement, most recent balance sheet, most recent audited financial statement, and most recent Form 990 as part of your proposal. You will be asked to attach these documents at the end of the application.

6. Detailed Grant Request

Describe the problem or condition that you are seeking to solve or address. (500 words)

What is your proposed solution or response to the problem or condition outlined above? Please include (at minimum) proposed activities, timeline, who will be responsible for the work, and what evidence-informed practices you plan to use. (750 words)

How has your proposed activity been informed by the individuals who will benefit from the work? (250 words)

Please discuss your organization's cultural competency if relevant to your request and the population you seek to serve. (250 words)

If you provide direct services, tell us how many duplicated and unduplicated individuals your proposal will serve in a given year. (100 words)

How does this request relate to your organization's current strategic plan? (250 words)

If you are applying for project/program or capacity building support, please list other committed and pending sources of support for your proposed activity. Please include both public and private sources. (250 words)

Demographics

If your proposal has a service provision component, please describe the population you would serve with this request. Include, as available, quantitative information about their age, ethnicity, educational attainment, and household income. (250 words)

Goal-setting, Evaluation, and Learning

What goals do you have or changes do you expect to see because of this funding, related to processes, inputs, outputs, or outcomes? These goals or changes could be within your organization or outside of it. (250 words)

Have you identified indicators or milestones for tracking progress towards goals, and if so, what are they and to what extent are these indicators already being used in your organization? (250 words)

Have you identified likely barriers/challenges or assets within your organization or outside of it that would hinder or help you achieve your goals? If so, what are they? (250 words)

Please indicate if your organization has an existing process for goal setting, evaluation, and/or learning from your work. Please describe how this existing process is relevant to this proposal or how you would adapt it. (250 words)

If you do not have an existing process for goal setting, evaluation, and learning, please tell us if you propose to develop one, and if so, describe how you plan to design and implement your process or plan. Include information on how you will collect, analyze, and use this data and any areas/activities for which you would need support. (250 words)

7. Required Attachments

- Documentation of tax status. This would be a copy of the IRS letter confirming your organization's status under Section 501(c)(3) or 170(c) or other appropriate documentation.
- Current operating budget. Please show revenues, expenses, and the amounts and sources of committed and pending funds.
- Project/program or capacity building proposal budget with description of each major expenditure category. For Project/program and capacity building proposals only.
- Most recent income statement.
- Most recent balance sheet.
- Most recent audited financial statements.
- Most recent Form 990.
- Current Board roster including Board member affiliations.
- List of key staff with brief description of professional/project qualifications and anticipated percentage of time to be spent on proposed work.