



EPISCOPAL HEALTH FOUNDATION

# GRANT GUIDANCE 2018

## A NEW CHAPTER

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In 2018, the Episcopal Health Foundation (EHF) will begin work aligned with our new [five-year strategic plan](#), which you are encouraged to read before applying for a grant. **All grant proposals in 2018 must address a goal and strategy outlined in our plan.** This document expresses EHF's core beliefs and explains the transition in our philanthropic giving to outcomes-focused approaches. A central feature of this new plan is our public health orientation that emphasizes working upstream to identify and prevent the causes of illness and injury.

We are also focused on a systems approach to improving community health. We borrow the World Health Organization's definition of a health system to mean, *"the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health."*

We seek opportunities that build and improve systems-level infrastructure and support change at this level. We believe the combination of outcomes-focused and systems-level approaches will lead to longer-term investments on upstream interventions. Rather than independent, ad hoc activities, we support organizations to develop comprehensive approaches that address the health challenges faced in their communities.

Successful applicants will demonstrate bold commitment and creative action in service to transform the health system. We know that this work will take innovation and require risks, and we intend to take those risks alongside you, our potential partners in this process. Thank you for your interest in EHF and our goals for transformation. We look forward to working with you as you consider your application.

**PLEASE NOTE: We have provided examples throughout the Grant Guidance to illustrate ideas or approaches relating to EHF's strategies. These examples are not to be understood as the only things to be funded nor are they intended to stifle innovation or restrict creative thinking. We welcome your insight and invite you to reach out to [grants@episcopalhealth.org](mailto:grants@episcopalhealth.org) with questions and thoughts.**

# GRANT GUIDANCE

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## GOAL 1:

**Strengthen systems of health by catalyzing health systems to be accessible, equitable, and deliver health not just health care**

- **OUTCOME 1:**

**Resource allocation and system reform in the health sector reflect the goal of health, not just healthcare**

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- **STRATEGY 1: SUPPORT CHANGE IN HEALTHCARE FINANCING**  
**Support change in healthcare financing to incent investment in improving community health**

EHF desires to work with institutions that are willing to look at new ways of paying for improved health outcomes.

Examples of this kind of work include but are not limited to:

- Pay for Success initiatives that incent spending on prevention by inviting private sector investors to bear up-front costs as well as risk of failure
- Supporting community-based clinics in undertaking value-based contracts with payers
- Working with Texas Medicaid so that value-based payment programs incent investment in social determinants of health
- Supporting Accountable Health Communities.

***EHF is not accepting Letters of Inquiry (LOIs) under this strategy at this time. If you are interested in discussing this strategy, please contact us at [grants@episcopalhealth.org](mailto:grants@episcopalhealth.org).***

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- **STRATEGY 2: WORK UPSTREAM**  
**Support community-based clinics in addressing the social determinants of health**

Although it is known that the social determinants of health have a larger influence on health outcomes than healthcare alone, there are few structured ways for community-based clinics to identify and address nonmedical social needs experienced by patients seen in a clinic setting. EHF supports clinics in collecting, analyzing, and acting on data and information on the social determinants of health that impact their patients.

**EHF supports clinics in collecting, analyzing, and acting on data and information on the social determinants of health that impact their patients.**

Examples of this kind of clinic-based work include but are not limited to:

- Assisting clinics to identify and address the social determinants through the development and implementation of an assessment system that includes screening tools that are applicable throughout a patient's life
- Supporting practices to address the social determinants of health that have been identified by the clinic
- Providing and/or developing navigation services within the healthcare system including service linkage and follow-up to external resources

### **EHF's Community Centered Health Homes Initiative:**

In service of this goal and strategy, we will continue our Community Centered Health Home (CCHH) initiative which provides clinics with coaching, technical assistance, a learning community, and grant funding to enable them to build leadership in the space of community prevention. EHF awarded grants to 13 CCHH clinics in 2017. We will offer opportunities for additional clinics to apply to be part of the CCHH Initiative beginning in 2019.

- **OUTCOME 2:**

**Low-income and vulnerable populations access comprehensive care in communities**

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- **STRATEGY 3: SUPPORT COMPREHENSIVE CLINICS**

**Support community-based clinics to provide comprehensive services, continuity of care, inclusivity, and efficiency in delivery of care**

**EHF prioritizes *building the capacity of community clinics in key infrastructure and care***

This strategy reflects our interest in helping community-based clinics fulfill their potential on behalf of their patients and communities. We define *comprehensive* community-based clinics as those that provide a full complement of services, including preventive care, primary care, oral health services, and behavioral health services (see the 'Behavioral Health' section of this document for more on EHF's interest in this area as a key piece of comprehensive care). These clinics offer the full array of services including immunization and women's reproductive health services; they charge patients according to a sliding scale; they participate in reimbursement systems; and they seek out a variety of sources of funding for sustainability. Please see the "Expectations of Primary Care Providers" section.

EHF prioritizes *building the capacity of community clinics* in key infrastructure and care processes that will develop and/or enhance their delivery systems, embed care coordination and management, provide access to specialty care services, and support use of health information technology/data analytics.

Examples of this kind of clinic-based work include but are not limited to:

**Access and continuity:** increasing access to the primary care team through expanded hours or other alternatives to traditional office visits that help patients get the right care, at the right time, in the right place

**Care management:** improving individualized care, most often for high-risk, high-need patients, by practicing risk stratification, empanelment, and transition from short-term to long-term care; by analyzing data including claims data from payers; and by intensive case management where indicated for chronic disease and serious mental illness

**Comprehensiveness and coordination:** strengthening a clinic's ability to meet their patient population's medical, behavioral, and health-related social needs in pursuit of their patient's health goals; this includes focusing on the depth and breadth of services offered including specialty care referral systems and networks in service to lower overall utilization and costs, reduce fragmented care, and achieve better health outcomes

**Patient and family caregiver engagement:** increasing patient engagement in the design and improvement of their own care and incorporating patient input to structure responsive services

**Planned care and population health:** organizing care to meet the needs of an entire population of patients served including timely and preventive care; using evidenced-based approaches to chronic disease management; and identifying gaps in care

## **Behavioral Health:**

EHF is committed to community-based approaches that reconsider the traditional separation between primary care and behavioral health providers. We want to help communities take action to reduce the impact of mental illness and substance use disorders (SUD) and to collaborate to increase access to behavioral healthcare. This transformation will take time to fully realize, and we look forward to working with provider partners and communities that share our commitment.

### **Integrated Behavioral Health**

Our first priority in behavioral health is to support the expansion of *integrated behavioral health services*. To that end, we invite applications for funding necessary to plan and implement behavioral health integration that brings behavioral health services into a primary care setting, brings primary care service into a behavioral health setting, or brings SUD service into either a primary care or a mental health setting.

**We are most interested in funding approaches that move beyond simply meeting unmet needs**

The SAMHSA-HRSA (Substance Abuse and Mental Health Services Administration -Health Resources and Services Administration) Center for Integrated Health

Solutions has developed a framework to help primary and behavioral healthcare provider organizations improve outcomes by helping them understand where they are on the integration continuum. Click [here](#) to access the "Standard Framework for Levels of Integrated Care." Applicants interested in applying for this priority should review this website when developing their proposals.

We are most interested in funding approaches that move beyond simply meeting unmet needs and entertain suggestions from applicants as to how this will be accomplished. In urban areas, we anticipate devoting our resources primarily toward organizations devoted to fully-integrated physical and behavioral health services. We encourage community clinics to think creatively about what they need to know and learn to build capacity within their organizations as it relates to providing integrated care, and to develop a plan to achieve proficiency in these skills.

### **Behavioral Health Access in Non-Urban Settings**

Our second priority in the area of behavioral health is to increase access to behavioral healthcare implemented in *non-urban* community settings.

Examples of this kind of work include but are not limited to:

- The provision of effective and efficient *evidence-based* behavioral healthcare implemented in community settings
- Forging new bonds between community-based organizations to locate behavioral health services in accessible settings
- Changing a behavioral organization's administrative practices to offer services on evenings/weekends/walk-in basis
- Technical assistance to revise business practices related to revenue generation or participation in payment reform efforts that support behavioral healthcare

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## **• STRATEGY 4: STRENGTHEN RURAL HEALTH**

### **Expand and strengthen community-based clinics in rural areas**

**We seek to work with communities to help them optimize health-care infrastructure, including communities that have depended on rural hospitals whose futures may be in jeopardy.**

EHF understands that rural areas may lack basic preventive, primary, behavioral, and oral health services. Strategy 4 is aimed at increasing the availability of these basic services to those living in smaller towns and rural areas. We seek to work with communities to help them optimize healthcare infrastructure, including communities that have depended on rural hospitals whose futures may be in jeopardy.

Examples of this kind of work include but are not limited to:

- Offering technical assistance or operating support for rural health clinics to provide outpatient primary care services
- Developing approaches to recruit and/or retain provider staff, including nurse practitioners and other mid-level providers
- Enhancing use of information technology and data analytics
- Supporting other practices that improve the sustainability and function of rural health clinics

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- **STRATEGY 5: EXPAND HEALTH COVERAGE & BENEFITS**  
**Expand health coverage and benefits**

EHF recognizes that true access to health services requires a system of coverage, ideally through a comprehensive health insurance plan. Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Texans. Moving the needle on this strategy will require a dual approach to both expand coverage and improve enrollment of eligible beneficiaries. In support of this strategy, we will continue our research and advocacy regarding the need to increase health insurance coverage in our state.

**Moving the needle on this strategy will require a dual approach to both expand coverage and improve enrollment of eligible beneficiaries.**

Examples of this kind of work include but are not limited to:

- A clinic or community-based organization's work to help low-income and vulnerable populations gain access to care through insurance and other health-related programs including those offered by federal, state, and local governments
- Tracking newly-enrolled beneficiaries through to their first use of those benefits – most likely through a visit with a medical provider

## GOAL 2:

Activate communities by strengthening organizations and congregations to build health-promoting communities.

- **OUTCOME 3:**

**Community and congregation members actively shape healthy communities and influence health systems to improve health equity**

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- **STRATEGY 6: RAISE COMMUNITY VOICES**

**Support organizations to raise the voices of community members to influence community health**

This outcome and strategy articulate how EHF envisions activating communities to address health-related opportunities and challenges. Our grantmaking supports community organizations that are capable of engaging community members, particularly low-income and vulnerable populations, to become advocates for health and to support communities in adopting new ways of problem solving.

**Our grantmaking supports community organizations that are capable of engaging community members, to become advocates for health and to support communities in adopting new ways of problem solving.**

Examples of this kind of work include but are not limited to:

- Building the capacity of community organizations by helping them to assess their activities that address those factors
  - Increasing the number and reach of grassroots community organizing groups that advocate for community health
  - Supporting the development of new leaders within communities
- Ensuring that client-facing community partners have the skills and resources needed to help their clients become influencers
  - Developing new and strengthening existing health coalitions
  - Supporting community organizations to use hospital community benefit data to encourage investment in the social determinants of health

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- **STRATEGY 7: SUPPORT CONGREGATIONS IN ACTION**

**Support congregations in action**

We recognize the important role that the faith community can play in creating conditions to promote community health and we see our role as supporting congregations to learn how to do community-engaged work. EHF supports our congregations in this work through the efforts of our congregational engagement team. To learn about this work, including how congregations may access financial support, please visit the "For Congregations" section of our [website](#).



## GOAL 3:

### Build the foundation for a healthy life by investing in early childhood brain development

A child's first three years offer a once-in-a-lifetime chance to build a healthy brain, develop a curious and creative mind, and lay a strong foundation for a healthy, engaged, and capable community member. Beginning in utero, a baby's brain is exposed to environmental stimuli that shape the physical structure of the brain. Advances in developmental biology and neuroscience show that positive early experiences and exposures before age three foster optimal brain development, while negative experiences and exposures impair brain development. This development, in turn, influences lifelong physical and behavioral health.

Our goal is to ensure that children, particularly those in low-income and vulnerable families, have the best chance at a healthy life. We invite application from partners committed to supporting planned and healthy pregnancies and optimal brain development during the first three years of a child's life. We are particularly interested in approaches that emphasize the importance of a parent's responsive relationship to their infant – referred to in the literature as 'serve and return' - which is key to building strong attachment and optimal brain development. Successful serve and return interactions maximize a child's communication and social skills and strengthen his/her ability to deal with adverse childhood experiences such as poverty, parental conflict, abuse or exposure to violence.

- **OUTCOME 4:**

- **Health systems and families implement leading practices for early childhood brain development during pregnancy and the first 1,000 days of life**

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- **STRATEGY 8: BUILD BRAIN DEVELOPMENT - PROVIDERS**

- **Support healthcare providers to strengthen early childhood brain development**

The trusting relationship between healthcare providers and their patients sets the stage for important early childhood screenings and services. Clinicians at all levels, as well as support staff, are an essential part of the community that can provide low-income parents with the latest information, effective techniques, and respectful encouragement to optimize development for their infants and toddlers.

Examples of this kind of clinic-based work include but are not limited to:

- Supporting practices and tools designed to help healthcare providers implement effective developmental screening, referrals to service, and follow-up as indicated
- Identifying and addressing instances of maternal depression
- Educating pregnant women and parents about early childhood brain development and connecting parents to programs and resources that build skill for and support “serve and return” practice within the parent/child relationship from infancy

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- **STRATEGY 9: BUILD BRAIN DEVELOPMENT - COMMUNITY ORGANIZATIONS**

**Support community-based organizations to provide training to families for early childhood brain development beginning at or before birth**

The greatest influencing factor in early childhood is the relationship between a child and a caring adult. We invite community organizations to propose work that builds the capacity of low-income families to strengthen that relationship in utero and from a child’s infancy through his/her third year.

Programs in alignment with our current interest in this strategy will:

- Impact the relationship between adult and child from the first days of infancy forward
- Emphasize serve and return interactions
- Use evidence-based or promising screening or evaluation tools to measure critical factors in adult/child attachment, relational health and/or bonding

In relation to measuring impact at this critical developmental age, we welcome input from applicants around the best indicators of success in this work.

**We are focusing funding on work that strengthens families’ relationships with their very young children outside of the formal child-care context.**

While we recognize that quality child care settings are an essential part of the early childhood development continuum of care, this is not our focus. At this time, we are focusing funding on work that strengthens families’ relationships with their very young children outside of the formal child care context. We want to deepen understanding and skills within families such that brain-building practice is woven throughout the child’s experience. Similarly, we are very much aware that child protection systems play a critical role in this work. However, our hope is that by investing in approaches and systems that empower families to brain-building activity with their young children we may prevent the need for a child’s involvement with those systems.

# APPLICATION PROCESS

The Episcopal Health Foundation’s (EHF) strategic plan is based on three goals, four outcomes and nine strategies, shown in the graphic below.

## STRATEGIC FRAMEWORK 2018-2022



## 2018 SUBMISSION DEADLINES

The grant cycles for 2018 correspond to our three goals according to the following schedule:

	LOI DUE	APPLICATION DUE	BOARD DECISION
<b>CYCLE 1/GOAL 1</b> Strengthen Systems of Health	<b>12/08/2017</b>	<b>02/02/2018</b>	<b>05/17/2018</b>
<b>CYCLE 2/GOAL 2</b> Activate Communities	<b>04/13/2018</b>	<b>06/15/2018</b>	<b>09/20/2018</b>
<b>CYCLE 3/GOAL 3</b> Build the Foundation for a Healthy Life	<b>07/06/2018</b>	<b>08/31/2018</b>	<b>12/13/2018</b>

**Please note – LOIs and Applications are due by noon (12:00 p.m.) CST on the dates indicated above.**

### EHF has a two-step grant application process:

#### STEP 1 – Letter of Inquiry (LOI)

Access and review the LOI form from the EHF [website](#). Choose the EHF goal and strategy to which your proposed work applies. Then complete and submit your LOI by the appropriate deadline.

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 four 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.

#### **If you are interested in applying for more than one goal or more than one strategy, you MUST email us in advance for consultation at**

[grants@episcopalhealth.org](mailto:grants@episcopalhealth.org). In your email, please include a written description (no more than 250 words) summarizing your ideas for potential funding. A Program Officer will follow-up with you to discuss your proposal and the application process.

#### STEP 2 – Application

We will notify you via email regarding whether or not your LOI has been approved. If your LOI is approved, you will receive a link to the online application form in that notification email. Please complete and submit your application by the appropriate deadline. You will be notified of the Board of Directors' decision regarding your request via a phone call and email shortly after the Board Decision dates listed above. Depending on grant contract finalization and electronic payment enrollment, EHF is usually able to distribute funds no later than four weeks following the Board Decision date.

If you see alignment with your work and would like to discuss any of your ideas with a member of our staff, or have questions about the application process, please email us at [grants@episcopalhealth.org](mailto:grants@episcopalhealth.org).

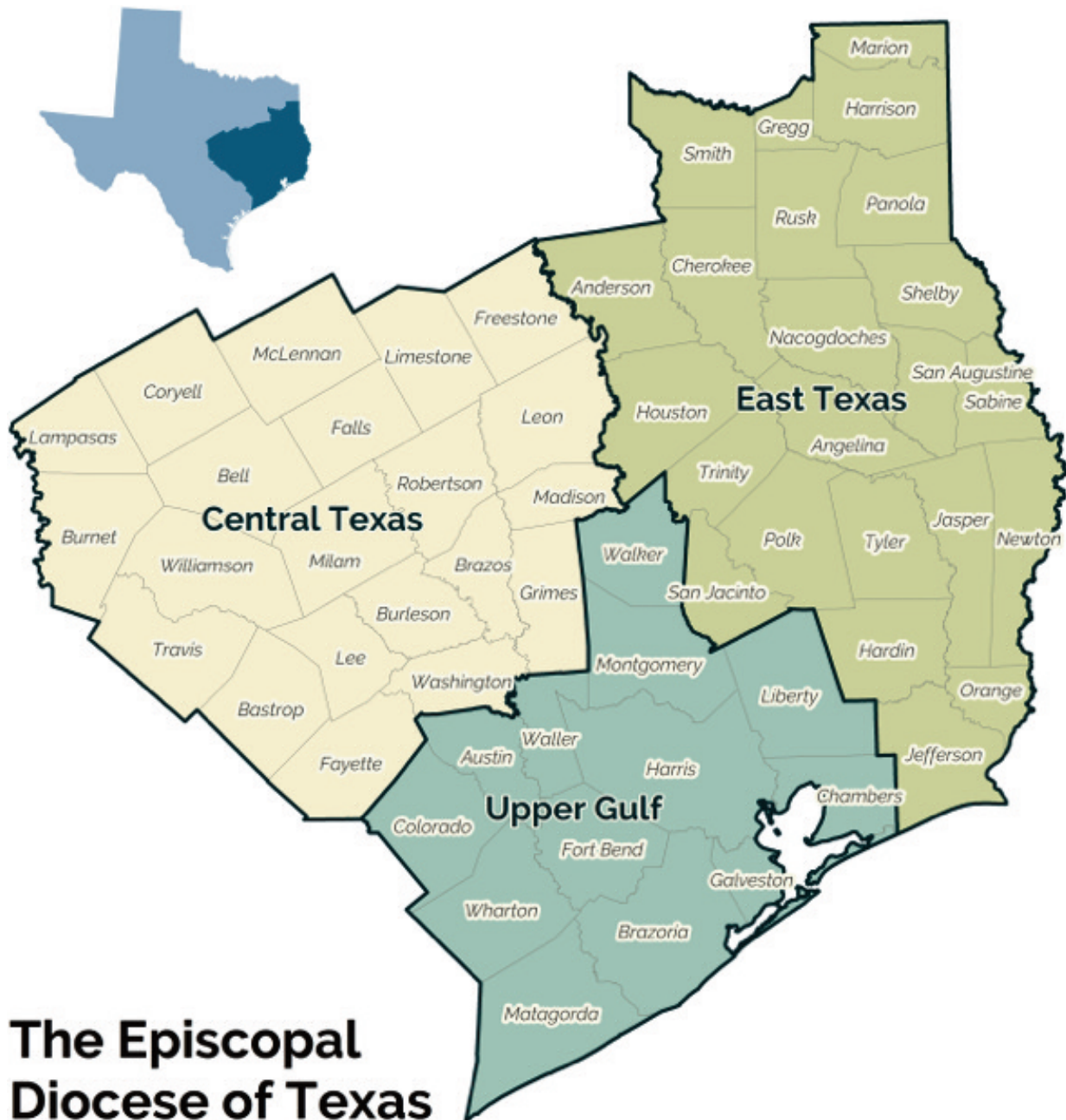
# BASIC ELIGIBILITY CRITERIA

## 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.



## **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

## **USE OF FUNDS**

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EHF funds can be used for technical assistance, planning, demonstration projects, matching funds (as long as the purpose of the match aligns with EHF's goals and strategies), program evaluation, and general operating. All grants funded by EHF must be implemented within the 57-county service area of the Episcopal Diocese of Texas.

## WHAT EHF DOES NOT FUND

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### **EHF does not fund the following:**

- Grants to individuals
- Grants for school-based intervention except for school-based clinics providing comprehensive primary care
- Grants for capital projects except by invitation from EHF
- 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

## EXPECTATIONS OF PRIMARY CARE PROVIDERS

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### **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**

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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.



## GRANT APPLICATION REVIEW, GRANT DECISIONS AND POST AWARD

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During 2017, EHF awarded approximately \$21 million in competitive grants. In 2017, our smallest competitive award was \$20,000 and our largest was \$1,117,876. The median award was \$225,000. During 2018, the Foundation expects to award approximately \$26 million in competitive grants.

### **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. For awarded grants, grantees will receive an email via DocuSign which includes an award letter, grant contract and an EFT Authorization Form. Grantees, if they accept the terms, are to electronically sign the original contract as well as complete the EFT form, and return both documents to EHF within ten (10) business days of receiving them. All these processes are handled via DocuSign. EHF requires all grantees to receive their grant payments through an electronic funds transfer (EFT) process.

### **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](mailto:rlanting@episcopalhealth.org).

## INQUIRIES/COMMUNICATIONS

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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](mailto:grants@episcopalhealth.org).

***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

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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

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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.