

Example Grantee Organization

ID: R-202109-04760
Goal 1: Strengthen Systems of Health
Program Officer:

Amount Requested:
Strategy 3: Comprehensive Clinics

Request Status

Idea

With Applicant

Under Review

Active

Closed

▼ Table of Contents

Organization Information
About the Proposal
Use of Funds
Organization Overview
Background of Success
Project Approach
Communities Project Narrative & Results
Organizations Project Narrative & Results
People Project Narrative & Results
Project Management
Application Contact
Request Amount Summary
Attachments

▼ Organization Information

Organization: Example Grantee Organization
Application Contact: Grantee User
Secondary Application Contact: Grantee User

▼ About the Proposal

Goal: Goal 1
Strategy: Strategy 3: Comprehensive Clinics
Type of Project: Communities, Organizations, People

Project Title:

Amount Requested: \$0.00

What is the total budget for this work? \$0.00

Dates this funding request will cover:

Start Date:

Duration (in Months):

End Date (to calculate click the Save and Close button below):

If you are an existing or previous EHF Grantee, please select the Program Officer you have worked with:

Program Officer:

▼ Use of Funds

Provide a concise description of the grant purpose:

From which county will this grant be administered?

Which county(ies) in the Episcopal Diocese of Texas (EDOT) do you intend to impact directly with grant funds? (Select only counties in which 20% or more of your beneficiaries reside):

EDOT Counties:

What is the challenge or opportunity this proposal aims to solve for its participants, the community or the sector? What critical unmet need is being addressed?

Describe how this funding will be utilized including key elements of your project and your projected outcome(s).

Additional comments/information?

▼ Organization Overview

What are your organization's top five revenue sources?

Funding Source	Amount
1. ABC Corp	\$100,000,000.00
2. Jackson Foundation	\$5,000,000.00
3. Health Foundation	\$5,000,000.00
4. Foundation for Health	\$2,500,000.00
5. Supporting Health	\$1,000,000.00

What percentage of your Board contributed financially to your organization in the prior calendar year, and what was the total combined amount of their giving?

Training 7/13

What has been the average percentage of Board members attending your Board meetings in the prior calendar year?

Training 7/13

Briefly describe your organization, including mission:

Training 7/13

What is your Organization's Operating Budget? \$0.00

▼ Background of Success

What tangible results are you most proud of that your organization has achieved in the past three years?

What challenges has your organization faced in the past three years?

What have you learned from your successes and challenges that will contribute to your planning and implementation of the proposed work?

▼ Project Approach

Provide a brief summary of your proposed program or project including the primary goal of the work.

Input Project Summary here

What is the population or place you propose to serve through this project?

What, specifically, is the system, condition or issue that you want to influence through your efforts?

What is the improvement or change that your organization will seek to achieve? Be specific about what an improvement would look like and what specific changes are needed. :

What is your approach to these changes? What overall strategy or method are you using? :

How will you know when your project's results have been achieved? What information or evidence will be used to verify success?

What has influenced you to act now?

Remember to click 'Save and Continue' so you don't lose your work!

▼ **Communities Project Narrative & Results**

Portion of Grant Request: \$0.00

Portion of Total Project Budget: \$0.00

What type of change are you seeking to develop/inform?

What is the population you plan to serve or that will benefit from your work?

Population(s) Served:

Date Enacted:

Results Anticipated:

Agree on measurable results including timing and data tracking, results verification and ongoing communication:

Confirm understanding of current needs, gaps, barriers and best practices to achieve positive outcomes:

Demonstrate capacity to bring to scale:

Engage and integrate the voice and view of all affected into defined solutions and implementation planning:

Identify opportunities to align funding, policy, practices and governance to maximize positive outcomes:

Please describe the specific results you anticipate during the grant period based on your selections above.

▼ Organizations Project Narrative & Results

Portion of Grant Request: \$0.00

Portion of Total Project Budget: \$0.00

Capacity:

EHF seeks to fund the capacity of our partners in the following categories:

Leadership Capacity - Leadership ability to create and sustain a vision, inspire, model, prioritize, make decisions, provide direction and innovate, all in an effort to achieve the organizational mission.

Specific projects supported are: Strategic Planning, Leadership transition, Board development and governance

Adapted Capacity - The need to monitor, assess, respond to and create internal and external changes

Specific projects supported are: Mergers & Acquisitions, Communications Planning, Community Engagement

Management Capacity - The need to implement key organizational and programmatic functions

Specific projects supported are: Financial Planning, Measurement & Evaluation, Program/project development

Accountability - Building an environment where individuals and teams deliver on commitments

Specific projects supported are: Diversity, Equity & Inclusion, Staff Development

Clinic / Technical Capacity - The need to increase a clinics ability to deliver comprehensive, high functioning primary care

Specific projects supported are: New service line, Enhance service line, Clinic-centric organizational leadership and partnership development, Clinical care team transformation strategies, Patient attribution & activation, Change management, practice transformation and clinical integration, User of data and information, Clinic financial and operational analysis, management and strategy, Care management

What is the type of capacity you look to build through this project?

In one or two sentences, describe the specific new or added results you anticipate for both the organization and those you serve.

Number of new appointment times available as a result of infrastructure built (The number of new appointment times that become available as a result of the new or enhanced capacity or infrastructure)

Number of new appointment times:

New/Added Results:

Decreased time to get to results
- Reducing the time it takes to enable participants to achieve results is a benefit to those you serve and may even enable you to increase the number of people you reach or reduce costs to the organization.

Increase number served - New capacity may enable the organization to serve a larger part of the community in need.

Increased results for those served - An improvement may prompt better results in two distinct areas: more people achieve the result you intended and/or additional results are achieved:

Increased revenue - Through diversified sources of income generation or other steps, the organization builds income from new capacity. Think of revenue gains also in terms of volunteers and donated resources for which you would otherwise pay.

Reduced costs - Improvements in efficiency, whether in the area of internal operations (e.g., reduced overhead) or program services (e.g., time saved and re-allocated), that will make /the organization more sustainable.

Date Implemented:

Measures/Indicators

Number of participants to benefit:

Number of nonprofits to benefit:

Revenue Increase: \$0.00

Cost Savings: \$0.00

▼ People Project Narrative & Results

Portion of Grant Request: \$0.00

Portion of Total Project Budget: \$0.00

What is the challenge or opportunity this proposal aims to solve for its participants, the community or the sector? What critical unmet need is being addressed?

Results are not activities, such as participation in workshops. They are specific, verifiable changes in behavior, made possible by these activities. Please note the difference between the number of persons to be served, versus the number of participants who will achieve the desired result. The number to be served should be larger than the number to achieve the result. To develop a strong results statement, follow these four steps:

- (1) Identify the **changes in behavior you seek for your core participants**,
- (2) Specify the **degree of behavioral change** you consider a success,
- (3) Estimate **how many participants** will achieve that degree of change within the grant period, and
- (4) Express your anticipated results in an overall **results statement, including number to benefit, how they will benefit and by when.**

In one or two sentences, please outline the impact you anticipate your core participants will achieve by the end of the grant period, including how many of those individuals will achieve success.

Racial and ethnic diversity of those you serve and the providers serving those in need:

	Served	Providers
American Indian or Alaska Native		
Asian		
Black or African American		
Hispanic or Latino		
Native Hawaiian or Other Pacific Islander		
White		

Total Served: 0%

Total Providers: 0%

Measures/Indicators (Strategy 3 or 4)

Guidance:

EHF asks its grantees to measure and report program results. Listed below are the measures/indicators EHF wishes to monitor towards achievement of their goals and strategies. Specifically for Strategy 3 - Comprehensive Clinics: Support community-based clinics to provide comprehensive services, continuity of care, inclusivity, and efficiency in delivery of care or Strategy 4 - Expand and strengthen community-based clinics in rural areas.

Number of patients served at clinic:

Of those served at clinic:

Number of patients who receive a referral to prevent and/or address a clinical issue:

▼ Project Management

Deliverable 1

Type of Project (Work):

Key Project Element:

Deliverable:

Timing:

Deliverable 2

Type of Project (Work):

Key Project Element:

Deliverable:

Timing:

Do you want to add another deliverable?

Who will lead this work? If they are not yet on staff, what kind of talent will you need in order to implement this work?

Are any partners or intermediaries critical to your success? If so, what must they do, what is the evidence that they are committed to doing the work, and how do you monitor their performance?

Are these new relationships to be developed or will you build upon existing relationships?

Are there any additional results, beyond those from the EHF measurement framework, you anticipate your participants achieving during the grant period that you would like to share with us?

How will you share the successes and lessons learned from your work?

How will EHF's investment result in other opportunities for your organization, e.g., creating new partnerships or sources of funding?

▼ Application Contact

Prefix:

First Name: Grantee

Middle Name:

Last Name: User

Suffix:

Title:

Office Phone:

Mobile Phone:

E-mail:

▼ Request Amount Summary

	Amount Requested	Project Budget
Total		

▼ Attachments

Audited Financial Statements

Board Roster

List of Key Staff

Operating Budget

Project Budget

Other Supporting Documents

UPLOADED ATTACHMENTS