

Grant Guidance 2027 Cycle 1



igniting
change

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The appendices provide additional context about EHF's strategy and grantmaking approach. Applicants may refer to them as needed when considering whether proposed work is a good fit or preparing a Letter of Inquiry (LOI) or full application.

[Appendix A:](#) Action Areas, Impact Drivers, and Priorities for Change

[Appendix B:](#) EHF's Approach to Health Equity

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About this Grant Guidance

Thank you for your interest in partnering with Episcopal Health Foundation (EHF) to improve health by changing systems and removing barriers to health for all Texans.

We recognize that preparing a grant application requires a significant investment of time and thought. This guidance is designed to help you understand EHF's funding opportunities and determine whether your proposed work is a good fit before you begin the application process.

EHF partners with organizations working to improve health across the [81 counties we serve](#). We recognize that organizations approach this work in different ways, and we welcome a range of ideas and approaches that reflect the strengths and needs of the communities they serve.

EHF anticipates offering two competitive grant cycles in 2027.

This guidance describes the funding opportunities available during Cycle 1. Because funding opportunities may vary from cycle to cycle, we encourage you to review the guidance for each competitive grant cycle.

The sections that follow describe the types of work we look to support during this funding cycle, explain how we think about these investments, and provide additional information to help you decide whether to apply.

What We Are Looking to Fund

During Cycle 1, EHF is seeking proposals that contribute to the funding opportunities described below, including the [Impact Drivers](#) open this cycle and EHF's [Priorities for Change](#).

- * **Strengthening Comprehensive Care** Supporting efforts that improve access to comprehensive, coordinated, and person-centered care.
- * **Activating Community Voices** Supporting community voice, leadership, and collective action to advance two EHF Impact Drivers – Strengthening Comprehensive Care and Maximizing Connections to Health Insurance Coverage and Benefits – or one of EHF's Priorities for Change.

- **Maximizing Connections to Health Coverage and Benefits** Supporting efforts that help people enroll in, keep, and use the health coverage and benefits they need to access care.

EHF is also particularly interested in proposals that advance specific strategies within its Priorities for Change: Food and Nutrition Security, Maternal Health, and Diabetes Prevention. These opportunities are described [later in this guidance](#). EHF will also consider other proposals that contribute to these Priorities for Change. While funding requests to advance these strategies will be given special consideration, these will not be the only funding requests considered under each Priority for Change.

We recognize that organizations contribute to better health in different ways. Some proposals focus on delivering services, while others strengthen organizations, partnerships, financing, policy, or community leadership. We welcome a range of approaches.

How EHF Thinks About Funding

EHF invests in work that has the potential to create meaningful and lasting improvements in health.

When reviewing proposals, we look beyond the activities being proposed to understand the change the work is intended to achieve. We are interested in projects that respond to community needs, are informed or led by those most affected, and strengthen systems that are working well while changing those that create barriers to better health.

We also consider what may be learned through an investment, whether the work could influence practices or decisions beyond the immediate project, and what is expected to happen after EHF funding ends. Not every proposal will address these considerations in the same way.

There is no single model for this work. We recognize that communities have different strengths, challenges, and opportunities. We encourage applicants to describe why their approach is appropriate and impactful for the people and communities they serve.

Is This Funding Opportunity Right for Your Work?

Cycle 1 may be a good fit if your proposed work:

- Advances one or more of the funding opportunities described in this guidance.
- Addresses a significant health challenge in EHF's 81-county service area.
- Has the potential to remove barriers to better health in ways that extend beyond the immediate activities of the project.

The following pages describe this cycle's funding opportunities in more detail and provide examples of the types of work EHF hopes to support.

The last section includes our **Frequently Asked Questions** that list examples of what EHF does not fund plus responses to other common inquiries.



Funding Opportunities

EHF's funding opportunities are guided by our [Strategic Framework](#), which is organized around six [Impact Drivers](#) that describe the broad areas of change EHF seeks to advance through its grantmaking. During Cycle 1, EHF is accepting applications that contribute to Strengthening Comprehensive Care→, Activating Community Voices→, Maximizing Connections to Health Coverage and Benefits→, or EHF's Priorities for Change→.

The following sections describe the Impact Drivers and Priorities for Change open for funding, the types of work EHF hopes to support during this funding cycle, and examples of projects that may be a good fit. Applicants should review the [Strategic Framework](#) and [Grantmaking FAQs](#) before preparing a Letter of Inquiry (LOI).

An overview of EHF's Action Areas, Impact Drivers, and Priorities for Change is also included in [Appendix A](#).

A Note About Impact Drivers

You do not need to determine which Impact Driver best fits your proposed work before submitting an LOI. Many projects could fit within more than one Impact Driver. Rather than trying to classify your work, focus on clearly describing your proposed project and the change it is intended to achieve. As part of our review process, EHF will determine which Impact Driver best reflects the primary purpose of your proposed work.

EHF may occasionally consider projects outside the Impact Drivers named this cycle. If you think your project may qualify, please contact a Program Officer.

Questions?

Before submitting an LOI, we recommend applicants connect with a Program Officer to discuss their project idea, ask questions about EHF's current grantmaking process and priorities, and determine whether your project idea is a good fit. If you do not already have an assigned Program Officer, please email applicationassistance@episcopalhealth.org and we will connect you with the appropriate staff member.

→ Strengthening Comprehensive Care

People experience better health when they can access comprehensive, coordinated, and person-centered care—not only through traditional health care pathways, but through community-based organizations, and partnerships among them. EHF seeks to support efforts that strengthen how care is delivered, improve coordination across providers and community partners, and address health-related needs.

Comprehensive care may include: preventive care, primary care, maternal and prenatal care, behavioral and mental health services, reproductive care, pediatric care, early childhood development, early relational health, and more.

Examples of Investments We Hope to Support

- Improve access to comprehensive, coordinated, and person-centered care.
- Integrate medical and non-medical services within clinical settings, including connections to resources that address basic, non-medical needs. For projects focused primarily on a non-medical driver of health, EHF is prioritizing Food and Nutrition Security.
- Strengthen partnerships among health care providers, community organizations, and other partners to improve care coordination and integration.
- Strengthen the systems, financing, policies, or care delivery models that improve access to and delivery of comprehensive care.
- Test, strengthen, or expand promising approaches—including innovative or pilot concepts—that have the potential to improve comprehensive care and be adapted or replicated in other communities or care settings.

These examples are intended to illustrate the types of work EHF hopes to support and are not exhaustive.

→ Activating Community Voices

Communities are healthier when the people most affected by health challenges have meaningful opportunities to shape the decisions, systems, and policies that affect their lives. EHF seeks to support efforts that strengthen community voice, leadership, and collective action to improve health and create lasting systems change.

EHF supports Activating Community Voices work that helps shape and advance efforts in Strengthening Comprehensive Care, Maximizing Connections to Health Coverage and Benefits, or one of EHF's Priorities for Change. EHF's Priorities for Change are described in [Appendix A](#).

Community engagement should be connected to a broader effort to influence decisions or improve systems, policies, organizational practices, or community conditions related to health. EHF is interested in more than participation. Community members should have a meaningful role in developing ideas, identifying solutions, and influencing decisions. Community voice may include residents, patients, families, people with lived experience, congregations, neighborhood organizations, and other community partners working together to improve health.



For projects specifically designed to address a non-medical driver of health (NMDOH), EHF is prioritizing **Food and Nutrition Security**.

(Activating Community Voice cont.)

EHF is interested in organizations that have deep relationships with the communities they serve. Community-based, organizing, advocacy, and other organizations may be a good fit when their work uses community voice to help shape and advance one of the areas described above; organizations do not need to be health care providers or partner with a health care organization to be considered for funding. Strong proposals show how community perspectives inform the proposed work and its intended outcomes.

Examples of Investments We Hope to Support

- Engage community members in meaningful ways to inform decisions, policies, and systems that affect Strengthening Comprehensive Care, Maximizing Connections to Health Coverage and Benefits, or one of EHF's Priorities for Change.
- Build the capacity of residents, community organizations, and coalitions to participate in or lead decision-making and advocate for healthier communities.
- Strengthen partnerships among community organizations, health care providers, public agencies, congregations, and other partners to address health challenges collaboratively.
- Improve the systems, policies, practices, or decision-making processes that influence health through community perspectives.
- Test, strengthen, or expand promising approaches that increase community influence and contribute to lasting improvements in health.



For projects specifically designed to address a non-medical driver of health (NMDOH), EHF is prioritizing **Food and Nutrition Security**.

These examples are intended to illustrate the types of work EHF hopes to support and are not exhaustive.

→ Maximizing Connections to Health Coverage and Benefits

People are better able to access the care and resources they need when they can enroll in, keep, and use health coverage and public benefits. EHF seeks to strengthen both the systems that connect people to coverage and the organizations that help them access and use those benefits. Health coverage and benefits include public programs that help people access health care and improve their health and well-being.

Organizations contribute to this work in different ways. Some efforts focus on helping eligible Texans enroll in, keep, and use health coverage and benefits, while others strengthen the systems, partnerships, and processes that reduce barriers and make those connections possible.

Examples of Investments We Hope to Support

- Help people enroll in coverage and public benefits through outreach, application assistance, benefits renewal, navigation, and education.
- Once enrolled, help people use their coverage and benefits to access health care services and other resources.
- Increase coordination among health care providers, community organizations, benefits enrollment organizations, and other partners to improve access to coverage and benefits.
- Strengthen the systems, policies, practices, or infrastructure that improves how people access and use their coverage and public benefits.
- Test, strengthen, or expand promising approaches that have the potential to improve access to health coverage and benefits over time.

These examples are intended to illustrate the types of work EHF hopes to support and are not exhaustive.

→ Applications to Advance Specific Strategies within EHF's Priorities for Change

In Cycle 1, EHF is particularly interested in proposals that advance specific strategies within each of its Priorities for Change. These opportunities are intended to focus attention and learning on areas where EHF sees an opportunity for greater impact.

Food & Nutrition Security: EHF seeks to support efforts that improve child nutrition by expanding participation in the Community Eligibility Provision (CEP) or strengthening farm-to-school approaches. (Schools and school districts are not eligible for this funding opportunity.)

Maternal Health: EHF seeks to support efforts that strengthen the implementation of the 12-month Medicaid postpartum benefit.

Diabetes Prevention: EHF seeks to support community-developed approaches that promote healthy physical activity and nutrition to support individual behavior change and prevent diabetes.

Proposals focused on these strategies should also:

- Contribute to one or more of the Impact Drivers open for funding: Strengthening Comprehensive Care, Activating Community Voices, or Maximizing Connections to Health Coverage and Benefits.
- Clearly contribute to the Priority for Change under which the proposed strategy is described. Additional information about EHF's Priorities for Change is available in the [appendices](#).
- Reflect the perspectives and experiences of people most affected by the issue. This may include work developed with resident leaders, informed by lived experience, or designed to strengthen community participation and influence.
- Have a clear aim or potential to influence policy, practice, or broader systems beyond the immediate activities of the project.
- Propose a 24-month grant period.

While funding requests to advance these strategies will be given special consideration, these will not be the only funding requests considered under each Priority for Change.

Organizations receiving funding for these strategies will be invited to participate in a learning cohort with other EHF partners conducting similar work. Participating organizations will also work with EHF to share lessons, successes, and challenges so that learning from these investments can inform broader practice and systems change.

Application Process

2027 Grant Cycle Timeline

EHF anticipates offering two competitive grant cycles in 2027. Funding opportunities may vary by cycle, so we encourage applicants to review the Grant Guidance for each cycle before preparing a LOI.

All applications are submitted through the EHF Grants Portal (Fluxx) and begin with a LOI.

Grant Cycle	LOI opens	Create Fluxx account (if first-time applicant)	LOI due by 5 p.m.	If invited, grant applications due by 5 p.m.	Notification of Award
→ Cycle 1	Nov. 9, 2026	Nov. 25, 2026	Nov. 30, 2026	Jan. 29, 2027	May 17, 2027
Cycle 2 [†]	June 21, 2027	July 6, 2027	July 9, 2027	Sept. 2, 2027	Dec. 6, 2027

Before You Apply

Preparing a strong LOI begins before logging into the application portal. The following steps can help organizations understand EHF's funding opportunities, determine whether proposed work may be a good fit, and avoid delays in the application process.

- **Review EHF's [Strategic Framework](#) and [Grantmaking FAQs](#)**
These resources provide additional information about EHF's long-term strategy, this cycle's funding opportunities, and common questions about the grantmaking process.
- **Connect with a Program Officer**
All organizations, especially those applying to EHF for the first time, are encouraged to discuss their proposed work with a Program Officer before preparing an LOI. These conversations can help applicants better understand EHF's funding opportunities, determine whether a project may be a good fit, and address questions early in the process. Applicants considering one of the specific Priorities for Change strategies are also encouraged to discuss whether the proposed work fits the opportunity and its additional expectations. Organizations that do not already have an assigned Program Officer may email applicationassistance@episcopalhealth.org, and EHF will connect them with the appropriate staff member.
- **Create a [Fluxx](#) account early**
A Fluxx account is required to submit an LOI. First-time applicants should request a Fluxx account at least four business days before the LOI deadline. Even if an organization ultimately decides not to apply during the current grant cycle, having an account in place will make it easier to apply in the future.

[†] Anticipated timeframe.

Application Steps

1

Step 1: Letter of Inquiry (LOI)

The first step in the application process is submitting a brief LOI through the [EHF Grants Portal \(Fluxx\)](#). The LOI introduces the proposed work and helps EHF understand the project before inviting a full application.

Applicants will be asked to provide:

- A working project title
- A short description of proposed work (200 characters)
- A Project Rationale (1800 characters)
- The project budget total and the amount being requested of EHF
- Anticipated start date and a proposed grant period (most are 12 or 24 months)
- County or counties to be impacted ([EHF Service Area](#))
- From what county this grant will be administered

A strong LOI helps EHF understand the opportunity or challenge being addressed, activities being proposed, and intended results of the project.

EHF will email applicants within four weeks after the LOI deadline regarding whether they are invited to submit a full application.

2

Step 2: Full Application by invitation only

Organizations invited to submit a full application will receive access to the application through the Fluxx portal.

The full application provides an opportunity to describe the proposed work in greater detail, including the organization's approach, anticipated outcomes, budget, and organizational capacity.

The application also helps EHF understand:

- The intended results of the proposed work.
- Whether the work primarily delivers services, changes systems, or combines both approaches.
- How the approach responds to the needs and context of the community.
- What may be learned through the investment and whether that learning could inform future work or influence others.
- What is expected to happen after EHF funding ends, including whether the work is time-limited, may transition to another funding source, or will require continued grant support.

Program Officers remain available throughout the application process to offer guidance, answer questions and discuss the proposed work.

What Happens Next?

EHF staff review full applications and develop funding recommendations for consideration by EHF's Board of Directors. The Board makes final funding decisions.

Applicants will be notified by email after the Board has reached a decision.

For funded projects, the grant period will likely begin on July 1.

EHF Grants Portal: Fluxx

EHF uses Fluxx to manage the grantmaking process. Organizations use the portal to submit LOIs and applications, access grant materials, and manage grant information throughout the life of a grant. Visit <https://ehf.fluxx.io> to get started.

First-time applicants need to submit a request to create a Fluxx account **at least four working days before submitting an LOI**. Requests submitted after that window may not be processed in time for the LOI deadline.

First-time users

Organizations applying to EHF for the first time should select **Create an Account Now**, then choose **Grants Registration**, complete the eligibility questions and register your organization information. EHF recommends submitting the registration at least four business days before the LOI deadline to allow time for processing.

Returning users

Enter your email and password and click the Next Button. If you do not remember your password, click on the forgot password link, enter your email address and click submit.

Legal Compliance

All EHF grant-funded activities must comply with applicable federal and state non-discrimination laws.

Requirements include:

- Programs must be open to all eligible individuals, regardless of race, gender, religion, national origin, or other protected characteristics.
- Programs may address health disparities using race neutral metrics such as geography or socioeconomic status.



Frequently Asked Questions

EHF makes grants to nonprofit, tax-exempt organizations whose work relates directly to EHF's Strategic Framework. 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.

All grants funded by EHF must be implemented within the [81-county service area](#) of the Episcopal Diocese of Texas.

What does EHF not fund?

While the below activities and expenses are valuable for the communities they serve, EHF's strategic framework does not prioritize the following:

- Grants to individuals
- Grants to underwrite conferences, luncheons, galas or fundraisers, or special events such as health fairs
- Grants for scholarships and/or grants to schools for academic purposes
- Grants for religious purposes or congregational ministries
- Grants to public agencies for routine service provision
- Grants to retire operating deficits or debt except by invitation
- Grants for acute care, inpatient care or long-term care institutions
- Grants for emergency assistance organizations for routine service provision except by invitation from EHF
- Direct or indirect support for candidates, political parties, 501(c)(4) organizations or Political Action Committees
- Grants for programs within the child welfare or foster care system
- Grants for social isolation or social cohesion programs
- Grants for criminal justice initiatives
- Grants focused on Non-Medical Drivers of Health such as transportation, safety, environment, housing, childcare, education, and employment when that work falls outside EHF's strategic priorities
- Grants for vocational services or workforce development (with exception for community health workers (CHWs), prioritized in our strategic priorities)
- Grants for routine or emergency charitable food purchasing or distribution, including pantry and food bank assistance, unless the food is part of a specific strategy to improve nutritional health
- Grants for ongoing medication costs (absent of systems, policy, or care-model integration)
- Grants that target specific populations (outside of our strategic priorities). As an example, EHF will support initiatives focused on pregnant and parenting Texans (due to our maternal health priority area) but will not fund programs solely targeting older adults.
- Grants for disease- or condition-specific organizations or efforts outside of our strategic priorities.
- Grants to fund capital projects. EHF also does not fund capital costs such as building costs, housing repairs, or the development of parks, gardens, and playgrounds
- Grants to conduct research
- Matching or challenge grants
- Grants for journalism or media

Does EHF support mental and behavioral health services?

EHF prioritizes mental and behavioral health services that are integrated into comprehensive primary care settings or are offered through a Local Mental Health Authority (LMHA). EHF may consider independent behavioral health organizations in rural counties, or when in service to a population named within our strategic framework (i.e. maternal mental health services for pregnant and parenting Texans). If you have questions about whether your request would be competitive, please contact your Program Officer.

Currently, EHF does not support independent programs that address substance use disorders (SUD) and related conditions. SUD support may be included through comprehensive care services.

Are all clinics supported by EHF?

EHF funds clinics that offer comprehensive reproductive health care and accept public insurance, and/or receive federal funding. These eligible clinics typically include Federally Qualified Health Clinics (FQHCs), FQHC Look A Likes, Local Mental Health Authorities (LMHAs) and hybrid charity clinics meeting these conditions.

Does EHF fund new projects or pilot grants?

Yes, EHF will consider grants for new projects and pilot projects. Before submitting a LOI or application, please contact your Program Officer (PO) to discuss your idea. Your PO will likely ask about the plans for learning, implementation, and long-term sustainability.

Can my organization submit more than one LOI or application?

We ask that organizations only submit one LOI per cycle. If you have questions or want to discuss this further, reach out to your Program Officer.

Can my organization request pass-through funding to implement a project with one or more partners?

Requests for pass-through or intermediary funding to other organizations are considered by invitation from EHF. Typically, the organization responsible for implementing the project and achieving its intended results should be the applicant requesting funds. If you have questions or would like to discuss this further, please contact your Program Officer.

Inclusion of other organizations in the work may be compensated through the grant award.

What types of projects fit within Activating Community Voices?

Activating Community Voices supports work that helps community members meaningfully shape decisions, systems, policies, and solutions that affect their health.

EHF supports this work when it helps advance Strengthening Comprehensive Care, Maximizing Connections to Health Coverage and Benefits, or Food and Nutrition Security.

Projects may be led by community-based, organizing, advocacy, faith-based, or other organizations with deep relationships in the communities they serve. A health care organization does not need to lead or participate in the work.

Strong projects go beyond participation alone. Community members should have a meaningful role in developing ideas, identifying solutions, and influencing decisions, practices, policies, or systems related to one of the areas above.

Action Areas

Main focus areas of our work

Under our Strategic Framework, EHF's **Action Areas** are the main focus areas where we concentrate our work: **Health and Health Care Services**, **Healthy Communities**, and **Health Policies** that shape people's lives.

These Action Areas are the center of our efforts because they reflect large, intersecting systems that influence every part of health.

Health and Health Care Services

Equitable access to comprehensive health services is essential for a person's health.

Healthy Communities

Health-promoting communities are where health happens.

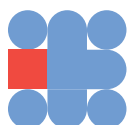
Health Policies

Health-minded policies change systems to improve health for everyone.

Impact Drivers

Core ways we drive change

Across these Action Areas, we are now using what we call **Impact Drivers**. These are the core ways EHF works to drive change for health, not just health care, and they run through everything we do, from research and partnerships to community engagement and grantmaking.



Strengthening
Comprehensive
Care



Accelerating
Innovative
Health Financing



Activating
Community
Voices



Maximizing
Connections to
Health Coverage
and Benefits



Supporting
Community
Health Workers



Promoting
Multi-Sector
Collaboration

Priorities for Change

Big health challenges where positive change can ripple out across communities

Certain health conditions and challenges can serve as warning signs that systems and circumstances need to be improved in Texas. Food and nutrition insecurity, poor maternal health outcomes, and preventable cases of type 2 diabetes are shaped by factors beyond medical care and often reflect underlying non-medical barriers to health.

EHF pays special attention to these **Priorities for Change** because when we make positive progress on them, the ripple effects go far beyond the specific issue. Better nutrition supports healthier pregnancies. Stronger maternal health strengthens families. Preventing diabetes reduces future illness and costs.

Applicants are welcome to describe how their proposed work in Strengthening Comprehensive Care, Activating Community Voices and Maximizing Connections to Health Coverage and Benefits also support these Priorities for Change.

However, alignment with one of EHF's Priorities for Change is not required.



Food and Nutrition Security

Good nutrition is essential for good health. Yet more than four million Texans experience food insecurity, often triggering a chain of additional health challenges. Communities and populations that are under-resourced, including families with lower incomes, and residents in rural areas, frequently face the greatest barriers to accessing affordable, nutritious food.

Examples of investments include but are not limited to:

- Improving access to affordable, nutritious food, particularly in areas with limited food access. (This does not include charitable or emergency food donation)
- Integrating food security and healthy food resources within health care settings
- Supporting policy efforts that enhance access or address barriers to affordable, nutritious food
- Building community capacity, including multi-sector coalitions or collaboratives, to strengthen local food systems and address barriers to access



Maternal Health

Fostering healthy communities, supporting early relational health, and increasing access to health services and social support all contribute to healthy pregnancies and postpartum well-being. These conditions lay a strong foundation for the long-term physical and mental health of both mother and child.

Examples of investments include but are not limited to:

- Providing respectful, culturally responsive team-based care in underserved areas
- Promoting early relational health for infants and their caregivers
- Expanding social and emotional support services during the perinatal and early childhood period
- Integrating maternal behavioral health into perinatal and pediatric care
- Supporting policies that improve maternal health outcomes

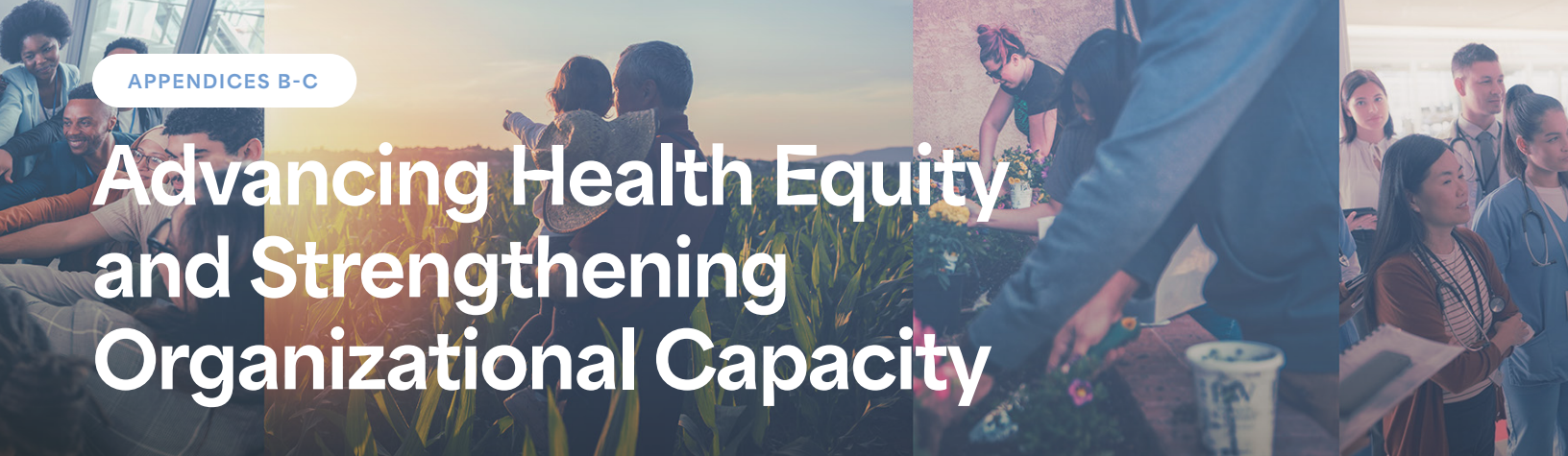


Diabetes Prevention

Nine in ten cases of diabetes are preventable. In Texas, diabetes rates exceed the national average, with certain geographic regions and socioeconomic groups experiencing a disproportionate burden. Addressing these disparities presents a critical opportunity to improve health outcomes and reduce long-term healthcare costs.

Examples of investments include but are not limited to:

- Developing community-based diabetes prevention (DP) programs for children and adults
- Supporting active living and healthy eating as foundational strategies for preventing diabetes
- Advocating for policies that facilitate prevention-focused interventions and create healthier environments that encourage active living and good nutrition
- Supporting public education and community awareness initiatives
- Improving diabetes prevention knowledge in practicing healthcare professionals



Advancing Health Equity and Strengthening Organizational Capacity

Health Equity Approach

For Texas to fully realize its great potential, all Texans must have the ability to thrive. Health equity is an essential part of that future.

Using the Robert Wood Johnson Foundation's definition, health equity means that "everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Capacity Building

EHF defines capacity building as strengthening the internal systems, skills, and structures that enable organizations to do their work more effectively, sustainably, and equitably. This work helps nonprofits improve operations, deliver stronger results, and remain resilient over time.

While capacity building can take many forms, EHF supports organizations interested in building their internal capacity in the following interconnected domains:

- **Leadership & Governance** Strategic planning, succession planning, board development, governance, and stewardship.
- **Financial & Business Management** Maximizing federal and other revenue streams; strengthening financial systems and leadership; financial planning; pursuing strategic partnerships, mergers, and acquisitions; and building the capacity to use EHF funding to secure and manage additional resources.
- **Program Strategy & Development** Program design, logic model and theory of change development, measurement and evaluation, data analysis and use, and research.
- **Community Engagement & Partnerships** Authentic collaboration with residents or clients, congregations, and community groups; amplifying lived experience to guide strategy and programming; and strengthening storytelling and narrative work.