



## **Unsolicited Grant Application – Stage 2 Full Proposal Questions**

*This is provided for your benefit while preparing your proposal. Please note, all grant requests must be submitted through the Foundation for Community Health's [online grantee portal](#). Paper applications submitted by email or mail will not be accepted.*

Please note: Only applicants that have approved first stage applications, will be invited to submit an application for the second stage.

### **I. Organization Information - Continued**

#### 1. If 501(c)3:

Please upload your organization's 501(c) 3 Designation Letter.

Does your organization file with a Form 990 or a Form 990 N ("e-Postcard")? Form 990 or Form 990 N ("e-postcard")

If 'Form 990':

Please upload the organization's most recently filed 990.

Please upload your organization's most recent audit or review.

If 'Form 990 N ("e-postcard")':

Please upload your organization's Form 990 N ("e-Postcard").

#### 2. If fiscal sponsor:

Please upload the fiscal agent's IRS Determination Letter and Form 990 or 990 N ('e-postcard'). If the fiscal agent is required to complete an audit, please upload this as well.

#### 3. Organization Budget

Please upload the organization budget or if a large organization, the department budget affiliated with the project.

#### 4. Organization Mission Statement

Please provide the mission statement of the organization that will be leading implementation of the project.

## 5. Organization History

Please provide concise overview of the organization, specifically highlighting the organization's long-range plans and accomplishments that are most related to the proposed project.

### IV. Project Proposal - Continued

#### 1. Problem Statement

In a paragraph, please describe the issue or need that the proposed project addresses.

#### 2. Demonstrated Need

Please summarize supporting facts and documentation of need for the proposed program.

#### 3. Please select the statement that most closely describes the proposed project.

- a. The proposed project is similar to a program that has been conducted by the applicant.
- b. The proposed project is similar to a program that has been conducted by another organization.
- c. The proposed project represents an expansion of services.
- d. The proposed project is a new concept to the organization and it is unknown if other organizations have done something similar.

If 'a' or 'b' selected:

Please describe the impact of this program.

If 'c' selected:

Please justify the expansion and illustrate how it will not be duplicative of existing services.

If 'd' selected:

#### 3c. Please define the program's potential to serve as a model program locally or nationwide.

If applicant stated that the implementation of the project relied heavily on partnership with one or more organizations, then:

8a. Please provide information about each partner and their role. Remember, these are partners that the project will need significant support from in order to implement the project.

Partner	Role
[FILL IN]	[Drop Down] Project Co-lead Consultant Vendor Subcontractor Funder Other: _____

If "Project Co-Lead" and/or "Other" selected:

Please upload a Memorandum of Understanding or Letter of Support (as appropriate) for each partner you listed.

If “Consultant”, “Vendor” and/or “Subcontractor” selected:

Please upload a Contract or Scope of Work for each consultant, subcontractor, or vendor being used.

9. Please use the following field to describe the proposed project at length, accounting for any additional details you believe the foundation should know when considering your proposal. Questions to consider answering include:

- *How will the project be implemented? What will be required from partners, community members, other stakeholders?*
- *What is the anticipated impact of the project?*
- *How will our existing healthcare delivery system be strengthened by the project?*
- *Is the organization in a unique position to complete the work?*
- *Is the timing of the project special?*
- *What models, literature, or other information did the applicant use when creating the project or initiative?*

If you seek further direction about this section, please contact Natashea Winters, FCH Program Officer at [nwinters@fchealth.org](mailto:nwinters@fchealth.org) or 860.364.5157 to discuss further.

**V. Project Logic Model**

1. Please provide a logic model for the proposed project using the following table provided to describe the activities and resources needed to accomplish each of the stated objectives of your program or project.

<b>OBJECTIVES</b> <i>List each objective of the funded program or project.</i>	<b>ACTIVITIES</b> <i>Activities are what the project will do to accomplish each objective.</i>	<b>EXPECTED OUTPUTS</b> <i>Outputs are measureable products of each objective such as # reached or # participated.</i>	<b>EXPECTED OUTCOMES</b> <i>Outcomes are changes that will occur as a result of the outputs, such as increased learning.</i>

If you believe your project does not suit a logic model OR you need support completing a logic model for your project please contact Natashea Winters, FCH Program Officer at [nwinters@fchealth.org](mailto:nwinters@fchealth.org) or 860.364.5157 to discuss further.

**VI. Project Timeline**

1. Do you have an existing work plan? Yes or No

If 'Yes':

2. Please upload your existing work plan here.

[File Upload]

If 'No'

3. We are interested in learning more about any potential stages of your project, how the work will potentially unfold, and any important sequencing that will impact the project's success. Please use the following section to outline the timeline of the project, providing general information about key milestones, events, or activities organized by month or several consecutive months (e.g. July – September).

**VII. Evaluation Plan**

1. What impact will you have? How will you measure the project's success? Are there certain tools you will use for process and/or outcome evaluation (e.g. surveys, focus groups, community forums)?

[Long Answer]

2. How will results of the project be used?

[Short Answer]

**V. Project Budget**

*A complete Project Budget is completed through the grantee online portal. Applicants provide information about how the request will be allocated towards the project (e.g. personnel, operating expenses...etc). Additionally, applicants account any other support they have received to support the project, either through other funders, in kind support or support from revenue.*

**3. Other Potential Funders**

1. Are you pursuing or have you pursued other funding to support the proposed project? Yes or No

If 'Yes', then:

Please complete the following table to provide information about any previously declined, pending or anticipated requests for funding. Please note any awarded funds should be accounted for in the project budget completed in the previous section, as this section is only for unawarded funds.

Funder	Amount Requested	Status of Request
[FILL IN]	[FILL IN]	Drop Down Plan to apply Submitted application Declined

#### **4. Financial Sustainability**

1. Please share your plans for long term funding following the conclusion of the grant.

#### **IX. Additional Supporting Materials**

1. Please upload board and staff rosters relevant to the proposed program.

[File Upload]

2. Please upload the most recent annual report of the organization (if available).

[File Upload]

3. Please upload up to three letters of support from constituents or partners that have been impacted by the proposed program. If the proposed program is a new initiative, please provide up to three letters expressing support the proposed project.

[File Upload]