

2023 - 2024 Healthy Communities Initiative

Pallottine Foundation of Huntington

ELIGIBILITY CRITERIA

Previous Grantees*

Has the organization received funds from the Pallottine Foundation of Huntington within the last 12 months?

Choices

Yes

No

Eligibility Requirements*

The applying organization must:

- Be a nonprofit tax-exempt organization under section 501(c)(3) of the Internal Revenue Code.
- Principally administer programs providing health-related services.
- Operate programs that are compatible with the **Mission, Vision, and Values** of the Foundation.
- Be applying for a project that addresses a **Capacity Building** or **Health and Wellness** topic.
- Be applying for a project that can be completed within the one-year period of June 1, 2023 to May 31, 2024.
- Be applying for a program, project, or service that supports clients in at least one county of the twenty-county Tri-State region served by the Foundation.
 - **Kentucky** - Boyd, Carter, Floyd, Greenup, Johnson, Lawrence, Martin, and Pike
 - **Ohio** - Gallia, Lawrence, and Scioto
 - **West Virginia** - Boone, Cabell, Kanawha, Lincoln, Logan, Mason, Mingo, western Putnam, and Wayne

I have read and understand the eligibility requirements.

Choices

Yes

No

Grants Not Funded*

Generally, the Foundation typically does not fund grants for:

- Academic Scholarships

- Capital Items over \$2,500
- Endowments
- General Operating Costs
- Indirect Costs
- Individuals
- Playground Equipment and Vehicles
- Projects Outside the Twenty-County Region
- Projects Over One Year in Duration
- Retroactive Funding
- Sabbaticals
- Salary and Benefits

The Foundation may consider or exclude additional types of expenses on a case-by-case basis.

I have read and understand the funding parameters.

Choices

Yes

No

INFORMATION AND INSTRUCTIONS

INSTRUCTIONS

Please read the application in its entirety before answering any questions.

If you are requesting funding for multiple projects, please be sure your answers address each project, as needed.

There are character limits on many of the application questions. These limits are noted. Please answer the questions as concisely as possible.

Some questions require document uploads. If your file size exceeds the limits, please contact the Foundation's Grants Manager, Brooke Welch at bewelch@pallottinehuntington.org.

Required items are marked with an asterisk (*).

Please save your work often. The Save button is at the bottom of the application form.

Potential applicants may contact a Foundation Program Officer to discuss project ideas: [Jana Stoner](#), 304-397-5955 ext. 105 or [Claire Snyder](#), 304-397-5955 ext. 104. For technical questions related to the grant management system, please contact Grants Manager, [Brooke Welch](#), 304-397-5955 ext. 102.

Collaborator

The Collaborator feature allows applicants to work together on a single request. Once you have started a request, you will see the Collaborate button at the top of the page. This can be used to invite other people to work on this request.

Click [here](#) to view a 2-minute video tutorial on Collaborator.
Click [here](#) for a written tutorial.

For questions on the Collaborator feature, please contact Grants Manager, Brooke Welch at bewelch@pallottinehuntington.org or 304-397-5955 ext. 102.

REQUEST OVERVIEW

Project Name*

Please provide the name(s) of the project(s) for which the organization is requesting funding.

Character Limit: 100

Project Description Summary*

In three sentences or less, please summarize the project(s) for which funding is requested. (A more complete description of the project is requested in the PROJECT DESCRIPTION AND JUSTIFICATION section of the application).

Character Limit: 1000

Total Funding Requested from the Foundation*

What is the total amount of funding requested from the Foundation? **The organization may request up to \$50,000.**

Please note: Requests over \$15,000 include more extensive project and financial questions.

Character Limit: 20

Total Project Cost*

What is the **total cost** of the project(s)? Be sure the total includes all costs that are already, or expected to be, **funded by any source**. It is important to know how much the entire project will cost.

Character Limit: 20

Start Date of Project*

When will this project begin? Please note the project cannot begin before June 1, 2023 and the Foundation's funding award cannot be applied retroactively.

Character Limit: 10

End Date of Project*

When will this project be completed? Please note that the project must be completed by May 31, 2024 and the Foundation's funding award must be fully expended by that date.

Character Limit: 10

Alignment with Focus Area*

Please indicate the Focus Area(s) with which the project best aligns (check all that apply)

Choices

Capacity Building
Health and Wellness

ORGANIZATIONAL OVERVIEW

Organization Summary*

In three sentences or less, please describe the organization.

Character Limit: 500

History, Mission, and Programs*

Summarize the organization's history and mission, and briefly describe the organization's current programs.

Character Limit: 2500

Alignment with Mission, Vision, and Values*

Explain how the organization aligns with the [Mission, Vision, and Values](#) of the Foundation.

Character Limit: 2000

Organization Board of Directors*

Please upload or list all board members and the organizations they represent. Also, please include a narrative on the board's operations that answers the following questions:

1. How frequently are board meetings held?
2. How frequently do board members receive financial statements?

Note: Only one file may be uploaded.

Character Limit: 5000 | File Size Limit: 1 MB

Principal Location of Organization*

In what **city and county** is the organization based? The organization does not need to be *based* in the Foundation's region, but services must be *delivered* in the Foundation's region.

Character Limit: 250

Kentucky Counties Served

Please check the Kentucky counties in which the organization provides services:

Choices

- Boyd
- Carter
- Floyd
- Greenup
- Johnson
- Lawrence
- Martin
- Pike

Ohio Counties Served

Please check the Ohio counties in which the organization provides services:

Choices

- Gallia
- Lawrence
- Scioto

West Virginia Counties Served

Please check the West Virginia counties in which the organization provides services:

Choices

- Boone
- Cabell
- Kanawha
- Lincoln
- Logan
- Mason
- Mingo
- Wayne
- Western Putnam

PROJECT DESCRIPTION AND JUSTIFICATION

Project Description and Statement of Need*

Please describe the key components of the project's work plan. If funding is requested for multiple projects, please describe each project in order of greatest priority. Items to address may include:

- What is the issue/challenge for the community and how will it be addressed?
- How will the project contribute to addressing at least one of the Foundation's Focus Areas of [Capacity Building](#) or [Health and Wellness](#)?

- Will this project include any collaborative partnerships? If yes, please describe.
- Where will project activities take place, and why was this location selected?
- Indicate if this is a new project or a continuation of an existing project. If it is an existing project, please share project results so far.

Character Limit: 10000

PROJECT IMPLEMENTATION

Project Timeline*

Provide an estimated timeline, by calendar quarter, of project activities.

Character Limit: 4500

Project Goals and Measurements*

Briefly describe desired goals and measurements for the project(s). For each goal, identify how the organization will measure its success and how it will make a difference for its intended clients, community, organization, etc. If funding is requested for multiple projects, please identify goals and measures for each project.

Please use the statements below to guide the response:

- A project goal is a broad statement of what your organization plans to accomplish.
- Indicate what will be measured, what information will be collected, and how changes will be tracked.

Note: Our Foundation is mindful of the challenges data collection can pose for organizations and for individuals accessing services. We understand that organizations serving basic needs, such as food pantries, may limit the collection of certain information in order to reduce barriers to service. If you have a question about goals and measurements related to the project, please reach out to a member of the Foundation Program Team.

Character Limit: 7000

Key Staff Roles*

Please describe the roles and responsibilities of the key staff who will be involved in this project.

Note: Only one file may be uploaded.

Character Limit: 3500 | File Size Limit: 1 MB

Sustainability*

Describe how the organization will sustain the project(s) when the grant funding ends.

Character Limit: 2500

FINANCIAL INFORMATION

Please contact **Jana Stoner**, Health Program Officer at 304-397-5955 ext. 105 or **Claire Snyder**, Health Program Officer, at 304-397-5955 ext. 104 with any questions related to the requested financial information.

Note: A Foundation Program Officer may reach out to the organization after application submission with questions or request additional information.

Project Budget for THIS Request*

Please upload a budget for the project(s) for which funds are requested from the Foundation.

A budget template is not provided. In formatting the budget, please:

- Request funding only tied to project operation.
- List each expense individually.
- Include a brief narrative for each expense.
- Provide expense information in general categories. Examples include: consulting, hardware, printing, program supplies, software, training, travel.
- **Ensure the expenses listed total the overall budget requested. Budget must equal the total funding request from the Foundation.**

Note: Only one file may be uploaded.

File Size Limit: 3 MB

Organizational Annual Budget*

Please upload the annual budget for the current fiscal year for the **organization**. Ensure the budget lists revenues and expenses.

Note: Only one file may be uploaded.

File Size Limit: 3 MB

Income Statement/Statement of Activities/Statement of Revenue and Expenses*

Please upload Income Statements, Statements of Activities, or Statements of Revenue and Expenses for both *the current fiscal year and the preceding fiscal year*. If the current year statements include three months of data or less, please provide statements for the last **two** completed fiscal years. The period for the Income Statement requested in this question and the Balance Sheet in the following question must be the **same**.

Note: Only one file may be uploaded.

File Size Limit: 3 MB

Balance Sheet/Statement of Financial Position*

Please upload Balance Sheets or Statements of Financial Position for both *the current fiscal year and the preceding fiscal year* . If the current year statements include three months of data or less, please provide statements for the last **two** completed fiscal years. The period for the Balance Sheet requested in this question and the Income Statement in the preceding question must be the **same**.

Note: Only one file may be uploaded.

File Size Limit: 2 MB

ADDITIONAL DOCUMENTATION

Grant Awards Over \$5,000*

Has your organization received any grant awards over \$5,000 in the last two years?

Choices

Yes

No

Additional Project Funding*

Please share all funding sources to whom any portion of this project or request has been or will be submitted and any other support the organization anticipates receiving for the project(s), including:

- Other Foundations
- In-Kind Donations
- Special Events and Fundraisers
- All Other

For each funding source, indicate the amount requested and the status of the request.

If no additional support is anticipated, please indicate **NONE** in the space below.

Character Limit: 2000

APPLICATION AGREEMENT AND ELECTRONIC SIGNATURE

Grant Opportunity*

How did you learn about this grant opportunity?

Character Limit: 250

Completion Time and Ease of Application*

The Foundation's goal is to make the application process as easy as possible for the grant applicants while ensuring that the Foundation captures the information necessary to make a well-informed funding decision. Please help the Foundation improve future grant cycles by answering the questions below.

- Approximately how long did it take to complete this application?
- Did you encounter any difficulties completing the application?
- What suggestions do you have for improvement?

Character Limit: 1000

Application Agreement*

By entering your signature and information below and clicking "I Agree," you certify that the statements included in this application are true and correct to the best of your knowledge and belief.

Choices

I Agree

Electronic Signature*

Please enter your first name, last name, and title.

Character Limit: 250

Submission Date*

Please enter the date the Application is submitted.

Character Limit: 10

NEXT STEPS

Please note that once the Application is submitted, changes cannot be made. Please review all answers carefully before submitting.

The Foundation will send an automated confirmation indicating the Application was successfully submitted and received. This email will come from administrator@grantinterface.com. Be sure to add administrator@grantinterface.com to the applicant's address book or safe sender list to ensure important communications are not missed.

Please contact Brooke Welch at 304-397-5955 ext. 102 with technical questions related to the grant management system.

Applications will be reviewed in the months immediately following submission. A Foundation Program Officer may follow up with you to request additional information or schedule a site visit. Applicants will be notified of the Foundation's funding decisions by May 22, 2023.