**Preview Extension Application for**

**2022 Award Recipients**

**Note:** This document is provided so that you can view the questions and plan your responses for the application. **To be considered, all applications must be submitted online at** [**https://www.eehealth.org/community/community-investment-fund/**](https://www.eehealth.org/community/community-investment-fund/)

**Organization**

Please tell us about the organization(s) applying for a 1- to 2-year grant extension.

**Organization Name**

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**Contact Name**

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**Contact Title**

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**Contact Email**

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**Program/Project**

Please tell us about the program/project for which funding is being requested.

**Project Name**

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**Purpose**

Describe:

(1) How the program/project has gone to-date, including where it has and has not gone to plan/met the original intended impact

(2) How the requested extension supports the intended impact, and

(3) How it addresses the identified community need(s).

(2,700 characters max)

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**Program/Project Areas of Focus**

Please tell us about the areas of focus for the program/project for which funding is being requested. Provide responses to all of the following.

**Social Determinants of Health**

Examples include housing, transportation, neighborhood safety, racism, discrimination, violence, education, job opportunities, income, access to nutritious food, access to physical activity opportunities, air quality, water quality, language, literacy.

* Yes
* No

If yes, please describe:

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**Health Equity**

Examples include access to health care and eliminating health disparities

* Yes
* No

**Access to health care for underserved**

* Yes – screening
* Yes – primary care
* Yes – specialty care
* No

**Prevention or management of chronic conditions**

* Yes
* No

**Mental health care/substance disorders**

* Yes
* No

**Health Literacy**

Health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

* Yes
* No

If yes, please describe:

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**Job training/job creation**

* Yes
* No

**Supply chain diversity**

* Yes
* No

**Gun violence prevention/violence prevention**

* Yes
* No

**Other**

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**Program/Project Funding**

Please tell us about the additional funding being requested for the program/project.

**Type of Funding**

Specify the type of funding you are requesting. Select all that apply.

* Capital (e.g., building/facility development or expansion)
* Program support
* Equipment and/or supplies
* Salaries

**Is this a multi-year or single year request?**

* 1-year
* 2-years

**Amount requested from the EEH Community Investment Fund**

Year 1:

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Year 2 (if applicable):

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Total:

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**How have you used the funds to-date?**

Upload a budget that specifies amounts received and the actual amounts used for each major area of the proposal.

*Upload a file*

**How will you specifically use the extension grant funds that are being requested?**

Upload a budget that specifies amounts and descriptions for each major area of the proposal. [View a sample budget.](https://eeh.pushbot.com/api/files/677a1082-ae65-44dd-8bf8-34e1d02b5aff/download)

*Upload a file*

**Program/Project Outcomes, Impact, and Timelines**

**What specific benefit is your program/project intended to provide?**

(1) What benefits has the program/project provided-to-date?

(2) What are the intended benefits of the extension request?

(1,300 characters max)

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**What impact will this program/project have on the health of the community?**

(1) What impact has the program/project had on the health of the community to-date?

(2) What impact will the extension of this program/project have on the health of the community?

Be sure to address the area of focus that you have identified in the application above

(1,300 characters max)

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**How will you measure the success of the program/project?**

(1) Share the resulting key performance indicators (KPIs)/metrics from the program/project to-date.

(2) Describe the KPIs/metrics and the targets you will use to measure program/project progress and impact during the requested extension.

[View examples of metrics and targets.](https://eeh.pushbot.com/api/files/6d45d955-be3a-4980-8152-76962f64ef20/download)

(,1300 characters max)

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**Provide a timeline for implementation and expected benefit realization.**

(1) Share how the program/project has (or has not) met key milestones to-date and key learnings and adjustments.

(2) Include key milestones and target dates for the requested extension.

[View an example timeline.](https://eeh.pushbot.com/api/files/16054b39-1807-4afa-b99b-b2830bafbeff/download)

(1,300 characters max)

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**Population Served**

Describe the population served by this program/project

**How many individuals will be served by and directly benefit from this program/project extension?**

Include:

(1) Individuals served to-date and

(2) Project individuals to be served by the extension.

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**How many jobs will be created as a direct or indirect benefit from this program/project extension?**

Include:

(1) Jobs created to-date and

(2) Project jobs to be created by the extension.

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**Sustainability**

**What is the total project cost including portions not funded by the Edward-Elmhurst Community Investment Fund during the extension timeframe?**

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**What percentage of your program/project’s budget will be support by the Edward-Elmhurst Community Investment Fund grant during the extension timeframe?**

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**What are your plans for fully funding this program/project during the extension timeframe?**

(850 characters max)

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**What are your plans for sustaining this program/project after the grant period?** (850 characters max)

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**Is the program/project contingent on full award amount?**

* Yes
* No

**If granted funding less than total amount requested, would funding still be sought, and how would it alter your project plan?**

(850 characters max)

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**Collaboration**

**Partnership Opportunities**

Beyond funding, how might you envision opportunities to magnify the impact of your organization through partnering with Edward-Elmhurst Health? For example: communicating the program and impacts, volunteering or service opportunities for Edward-Elmhurst Health team members, learning from Edward-Elmhurst Health expertise across business/functional areas, Edward-Elmhurst Health team members participating in committees within your organization, etc.

(500 characters max)

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**Thank you for your interest in applying for an extension on your Edward-Elmhurst Health Community Investment Fund award!**

**Definitions:**

**BIPOC organization**

*An organization in which at least 50% of the board of directors identifies as BIPOC, whose executive director or 50% of senior leadership (decision-makers) identify as BIPOC, and whose mission statement and/or programs aim to predominately serve BIPOC communities.*

**Minority Business Enterprise (MBE)**

*An organization which is at least 51% owned, operated and controlled on a daily basis by American citizens one or more of the following ethnic minority (African American, Asian American or Pacific Islander, Hispanic American, Native American) and/or gender (e.g., women), and/or military veteran classifications.*

**Women-owned Business Enterprise**

*An organization which is at least 51% owned, operated and controlled on a daily basis by one or more female American citizens.*

**Tribal organization**

*Any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities*