**Preview Application for New Applicants**

**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 the grant. Collaborations between multiple organizations are encouraged.

**Organization Name**

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**Address**

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**Website**

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**Contact Name**

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**Contact Title**

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**Contact Email**

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**Contact Address**

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**Contact Phone Number**

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**What is your organization’s purpose and mission statement?**

(850 characters max)

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**Organization designation, including 501(c)(3)**

NOTE: To be eligible, organizations must be 501(c)(3) or a school district. Select all that apply.

* 501(c)(3) or working through a fiscal agent
* BIPOC organization
* Minority Business (MBE)
* Women-owned Business Enterprise
* Tribal organization
* School district

**Most recent annual report or impact statement, if available**

*Submit a link to a website or upload a file*

**Leadership Team**

Upload summary of key leaders and backgrounds

*Upload a file*

**Prior Work**

Share a recent success story from your organization or a program that you are proud of.

(850 characters max)

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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 the:

(1) Overall goal and intended impact of the program/project,

(2) Major elements of the program/project itself

(3) How it relates to the goals of the Edward-Elmhurst Community Investment Fund, and

(4) Community need(s) that are being addressed.

(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 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 new program or an expansion of an existing program?**

* New program
* Expansion of existing program
* Both

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

* 1-year
* 2-years
* 3-years

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

Year 1:

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Year 2 (if applicable):

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Year 3 (if applicable):

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Total:

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**How will you specifically use the 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?**

(850 characters max)

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**What impact will 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

(850 characters max)

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

Describe the key performance indicators (KPIs)/metrics and the targets you will use to measure program/project progress and impact. [View examples of metrics and targets.](https://eeh.pushbot.com/api/files/6d45d955-be3a-4980-8152-76962f64ef20/download)

(850 characters max)

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

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

(850 characters max)

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**Program Differentiation**

**What other organizations are currently addressing these needs in DuPage and Will County?**

(850 characters max)

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**How is the project/program different from or adds to what is already available in the community?**

(500 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?**

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

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**What are the specific community or communities (towns and zip codes) that will benefit?**

[View a map of the EEH services area/list of zip codes within our service area.](https://www.eehealth.org/-/media/files/edward-elmhurst/about-us/EEHCommunityInvestmentFund%20ServiceAreaZipCodes2023.pdf)

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**What is the percentage of the total population served who are DuPage and/or Will County Residents?**

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**What other areas are served beyond DuPage and/or Will County?**

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**Please provide a socioeconomic breakdown, including the percentage of individuals with household income at or below DuPage or Will County’s median household income.**

(850 characters max)

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**Please share evidence that a disparity or equity issue exists in the proposed geography (or service area).**

(850 characters max)

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**As applicable, provide the estimated distribution of the population that will be served by this grant considering: race/ethnicity, language, sexual orientation, disability, or other characteristics.**

(500 characters max)

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**Sustainability**

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

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

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**What are your plans for fully funding this program/project?**

(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**

**Provide examples of how you collaborate with other community-based organizations (past or present)**

(850 characters max)

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**What other agencies are you working with on this specific program/project? Describe your partnerships and activities.**

(850 characters max)

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**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 the Edward-Elmhurst Health Community Investment Fund!**

**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*