

Community Health Fund Grants Program 2023

San Joaquin Community Foundation

Program Overview and Information

THE SAN JOAQUIN COMMUNITY FOUNDATION is pleased to invite eligible non-profit organizations to submit letters of interest for grant funding from the Community Health Fund. Grants are available to fund projects and activities that serve people living in San Joaquin County, and directly align with one or more of the Community Health Fund's areas of focus: ***improving healthcare services, promoting health outcomes, and supporting medical education***. For 2023, The Community Health Fund Committee is accepting requests for eligible projects from all three areas of focus.

RESOURCES ON HEALTH REPORTS FOR SAN JOAQUIN COUNTY

Prospective applicants are encouraged to review the following resources in preparation for submitting a letter of interest for consideration.

- The San Joaquin County Community Health Needs Assessment
- The Community Health Improvement Plan for San Joaquin County

FUNDING FOR 2023

The Community Foundation of San Joaquin has committed a total of \$125,000 for this grants program in 2023. The maximum grant amount an applicant may request under this program is **\$40,000**, although applicants may request less than the maximum amount.

TIMEFRAME FOR USING GRANT MONIES

The timeframe to expend grant monies is October 1, 2023 - December 31, 2024.

REPORTING REQUIREMENTS

Those organizations receiving grant awards will be required to submit progress and final reports, as well as a financial report.

ELIGIBILITY CRITERIA

The Community Foundation of San Joaquin will accept letters of interest from the following organizations:

- Nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code, classified as a public charity, not as a "private foundation" under section 509(a), and are designated a 509(a)(1) or 509(a)(2) organization; and

- Local public education agencies such as K-12 public school districts, community colleges, and public universities.

Organizations must be located in San Joaquin County. Proposed programs or activities must directly benefit people living in San Joaquin County.

SELECTION PROCESS

Letter of Interest – The submission of a letter of interest is the initial step in seeking grant funding. The Community Health Fund Committee will review qualifying letters of interest and determine whether a full grant proposal will be requested, or if the letter of interest will be declined.

Full Grant Proposals – For those invited to submit full grant proposals, the proposals will be evaluated by the Community Health Fund Committee. Grant funding awards will be made by the Foundation’s Board of Directors, based on recommendations provided by the Community Health Fund Committee. Decisions made by the Board of Directors are final.

SELECTION CRITERIA

The Community Foundation of San Joaquin will accept letters of interest from eligible organizations that propose projects or activities that directly align with one or more of the Community Health Fund’s areas of focus: improving healthcare services, promoting health outcomes, and supporting medical education. As part of the Foundations focus to improve health equity and reduce health disparities, preference in the application review process will be given to funding projects or activities within these areas that demonstrate a commitment to:

- **TARGET POPULATIONS** – Serving groups that have been historically marginalized in our community, and involving direct community member input and representation from those groups
- **PLACE BASED** – Targets an entire community and addresses issues that exist at the neighborhood level to address health equity
- **INNOVATION** – Proposing innovative modes/models of delivering services
- **PARTNERSHIPS** – Working with other nonprofit organizations/local public agencies in the community to increase strategic impact and increase access to health and social services for under-resourced populations
- **SUSTAINABILITY** – Having a lasting and measurable impact
- **IN-KIND/MONETARY SUPPORT**– leveraging other support through either in-kind contributions or monetary, or a combination of both (see examples below of in-kind and monetary support)
 - Examples of in-kind support include non-cash donations of goods, services, property, equipment, books, clothing, furniture, supplies, advertising, lending

staff time, volunteer time and professional expertise that is used in achieving your program objectives.

- o Examples of monetary support include grant monies and/or donations from other external funders, including matching funds, that will be used in achieving your program objectives.

For requests supporting medical education, preference will be given to:

- **WORKFORCE DEVELOPMENT/RETENTION**
 - o Encouraging careers in the health professions at the high school, undergraduate, and graduate levels
 - o Improving admission and retention rates in health professions schools and training programs through scholarships, fellowships, and student loan repayment
 - o Promoting sector-based job training; wraparound support services; placement of alumni into jobs with pathways to living wages, benefits and career advancement; and job retention services

SUBMISSION REVIEW TIMELINE

Below are the approximate review dates for submissions. Applicants will be contacted directly upon completion of the various stages of review. The Foundation will contact applicants by email.

- **Letter of Interest Due Date**– Letters of interest must be submitted on or before Friday, June 9 at 5:00 p.m. (PST).
- **Letter of Interest Review (Approximate)**– Letters of interest will be reviewed in early June and selected applicants will be invited to submit a full grant application the week of June 19, 2023
- **Full Grant Application Due Date** – Those applicants invited to submit full grant applications must submit them by July 15, 2023
- **Grant Proposal Review (Approximate)** – Grant award announcement will be made in August 2023.
- **Date Funds Available (Approximate)** – Grant funding will be made available by October 2023.

REQUEST FOR TECHNICAL ASSISTANCE

Requests for technical assistance with using our online grant portal, including any questions about the Community Health Fund, must be submitted in writing by e-mail to George Lorente at GLorente@sanjoaquinconf.org with the subject line “Community Health Fund.”

ABOUT THE COMMUNITY HEALTH FUND

The Community Health Fund was established in 2017 by the Community Foundation of San Joaquin, through a generous gift from the DBB (Delta Blood Bank) Foundation.

Organizational Background

Name of Applicant Organization*

Please state the name of the organization applying for grant funding. If this project involves multiple partnering organizations, state the name of the lead organization for the project.

Character Limit: 250

Organization Mission*

What is your organizations mission statement?

Character Limit: 250

Organization Type*

Please indicate the type of organization applying for grant funding. If this project involves multiple partnering organizations, please specify the type for the lead organization.

Choices

Nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code
Local public education agency (K-12 school district, community college, or public university).

Partnering Organization(s)

If the applicant organization is also partnering with other organizations on this project, please list each of their names.

Character Limit: 750

Project Background

Name of Project*

Please state the name of this project (*this is the name that would be used to identify the project to the general public.*)

Character Limit: 100

Area of Focus*

What is the primary area of focus for this request?

Choices

Improving healthcare services
Promoting health outcomes
Supporting medical education

Does the proposed project or activity focus on physical health, mental health, or both?***Choices**

Physical Health

Mental Health

Both Physical and Mental Health

Is this request for funding to sustain an existing project, or to fund new or expanded services?***Choices**

Sustain an existing project

Fund new or expanded services

Is the proposed project or activity a new or expanded service as a result of COVID-19?*

Projects do not need to have a COVID-19 component, but those addressing COVID-19 will be considered. Tracking this will allow us to monitor where our healthcare communities are experiencing the greatest need.

Choices

Yes

No

Is your organization currently, or anticipating, receiving federal funding to support this work?*

Examples of federal funding includes CARES Act monies and/or other pandemic relief/recovery funds. This includes federal funds being received from State, County, and City governments.

Choices

Yes

No

Number of Individuals to be Served*

Approximately how many individuals do you expect to serve through this project?

Character Limit: 250

Geographic Area(s) Served*

Please mark all applicable areas that your proposed project or activity will serve.

Choices

Stockton

Lodi

Escalon

Lathrop

Manteca

Ripon

Tracy

Unincorporated San Joaquin County

Target Population Description*

Identify any specific populations this project will serve (*for example*: specific demographic groups, communities, neighborhoods.) Be sure to briefly state the rationale for serving this population(s).

Character Limit: 750

Problem Statement and Alignment with Community Health Fund*

Please state how the proposed project or activity directly aligns with one or more of the following areas of focus of the Community Health Fund: *improving healthcare services, promoting health outcomes, and supporting medical education.*

Character Limit: 1000

Grant Use Details

Specify how grant funding will be utilized to address the identified problem(s).

Character Limit: 2500

Project Budget

Amount of Grant Funding Requested*

What is the amount of grant funding being requested through the Community Health Fund grants program? Please see "Program Overview" above for maximum grant amount limits.

Character Limit: 20

Total Project Budget*

What is the total budget for the project you are seeking funding.

Character Limit: 20

Amount of In-Kind/ Monetary Support*

What is the total amount of other in-kind and/or monetary support you expect will be secured for this grant (meaning funds secured other than the Community Foundation of San Joaquin)? This may include other grant or monetary contributions allocated to the project, and/or other in-kind support that will be allocated to the project. For in-kind support, you may use an approximate figure to value those non-cash goods and services. If there are no other sources of monetary or in-kind funds being allocated for your project, please enter "0" below.

Character Limit: 20

Sources of In-Kind/ Monetary Support

If there are other sources of in-kind and/or monetary support that will be allocated to the project, please list out those sources of support and whether they are monetary or in-kind. Be sure to include the corresponding amount/value of each source of support.

Character Limit: 500

Applicant Acknowledgement

Applicant Acknowledgement*

Please mark here to indicate that the applicant has read and understands the Community Health Fund's Program Overview, Eligibility Criteria, Submission Deadline, Selection Process, and Program Timeline, and that the information contained in this Letter of Interest is true and correct.

Choices

The applicant hereby acknowledges the above.