# Community Health Fund Grants Program 2024

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 2024, 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 2024**

San Joaquin Community Foundation has committed a total of \$125,000 for this grants program in 2024. 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 November 1, 2024 - December 31, 2025.

#### **REPORTING REQUIREMENTS**

Those organizations receiving grant awards will be required to complete a progress check-in phone call (after July 1, 2025) and a final report including a financial report (due January 31, 2026).

#### **ELIGIBILITY CRITERIA**

Printed On: 4 April 2024

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**

Printed On: 4 April 2024

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 Foundation's 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)
  - O 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.
- 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
- Improving admission and retention rates in health professions schools and training programs through scholarships, fellowships, and student loan repayment
- 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, May 10, 2024 at 5:00 p.m. (PST).
- Letter of Interest Review (Approximate)— Letters of interest will be reviewed in mid-June and selected applicants will be invited to submit a full grant application the week of July 1, 2024.
- Full Grant Application Due Date Those applicants invited to submit full grant applications must submit them by Friday, August 2, 2024 at 5:00 p.m. (PST).
- **Grant Proposal Review (Approximate)** Grant award announcement will be made in October 2024.
- **Date Funds Available (Approximate)** Grant funding will be made available by November 1, 2024.

#### 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 Alfonso Villalobos at avillalobos@sanjoaquincf.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.

## Questions

### 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 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).

### 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

### Proposed Project/ Program\*

Please describe the proposed project/program and how it directly aligns with one or more of the Community Health Fund's areas of focus: improving healthcare services, promoting health outcomes, and/or supporting medical education (Limit: Approx. 1 page, single-spaced).

Character Limit: 3500

## Target Population Description\*

Describe your target population, and how they will benefit from your proposed project/program (outcomes), including how many people you expect to serve (*Limit: Approx. 1/2 page, single-spaced*).

Character Limit: 1500

#### Use of Funds\*

If awarded, please describe how funds will be used (i.e. supplies, contractors, staffing, equipment, programming) and why CHF funds are needed to fill a funding gap (Limit: Approx. 1/2 page, single-spaced).

Character Limit: 1500

## Amount of Grant Funding Requested\*

How much grant funding is being requested (maximum \$40,000)?

Character Limit: 20

## Total Project Budget\*

What is the total cost of the proposed project/program?

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 (*Limit: Approx. 1/2 page, single-spaced*).

Character Limit: 1500

## 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, Reporting Requirements, and Program Timeline, and that the information contained in this Letter of Interest is true and correct.

#### Choices

The applicant hereby acknowledges the above.