



## 2017 SPECIAL HEALTH GRANT APPLICATION

**Please Note:** This grant application requests a cover sheet, application narrative, and supporting documents.

### Instructions

- ✓ Please visit [our website](#) to review [funding guidelines](#), [resources](#) that informed development of our Just for Kids Theory of Change and [Frequently Asked Questions](#).
- ✓ Please answer all questions. Please do not include any materials other than those specifically requested.
- ✓ Please submit all application materials electronically to [apply@deaconess.org](mailto:apply@deaconess.org) by 11:59pm CT on **August 25, 2017**.
- ✓ Please include the name of the grant opportunity for which you are applying and your organization's name in the subject line of your email submission. *For example: "SUBJECT: Special Health Grant/Nonprofit Hospital and Health Centers – Center for Health Equity"*

### SPECIAL HEALTH GRANT APPLICATION FORMAT AND REQUIREMENTS

- I. Please complete the **(Modified) Missouri Common Grant Application Short Form** cover sheet attached to this document.

- II. **Application Narrative**

In addition to the modified common grant short form, applicants should submit a narrative of **no more than three (3), double-spaced pages** describing how your proposed effort will align with the Deaconess Comprehensive Health Care policy priority using the outline below. Our Comprehensive Health Care policy priority seeks to address racial and structural inequities and ultimately advance universal access to health care for uninsured and/or underserved children in the St. Louis metropolitan area. Federally qualified (and other nonprofit) health centers, nonprofit hospitals and health clinics should specifically address how their services will focus on expanding uncompensated care for uninsured or underserved children OR children in need of rehabilitation services. Proposals that do not follow these guidelines will not be considered for funding.

In the narrative, please describe your funding request by addressing each item below:

✚ **Excellence**

- Briefly describe the proposed work this grant will support. How will this effort be implemented? Include a brief timeline and list of anticipated activities.
- What makes your organization uniquely well-positioned to do this work? Please describe your current programs and services, number of children and families served annually, and impact. Provide a few examples of recent projects that will help us understand your successes and accomplishments to date.

✚ **Diversity, Equity and Inclusion**

- Please provide the racial/ethnic and gender demographics of your organization's staff and board.
- How do your organization's efforts serve and/or impact different racial/ethnic groups?
- How are the racial/ethnic groups most affected by your efforts represented in your organization's work?

**✦ Impact and Learning**

- What results and impact are you trying to achieve? How does your desired impact align with Deaconess' policy priority to ensure universal access to health care for children in the St. Louis metropolitan area?
- How will you track and measure progress? *You will be asked to report on progress in a mid-year and final report.*

**III. Financial and Supporting Documents**

Please include the following supporting documents with your application as outlined below:

- ✓ Prepare and submit a one-page project budget and a budget narrative that clearly outline how requested funds (**up to \$50,000**) will be utilized.
- ✓ Organization's current fiscal year budget (include actuals and note start and end dates for your fiscal year)
- ✓ Last two years' audited financial statements
- ✓ IRS Determination Letter
- ✓ List of current members of board of directors including their professional affiliations
- ✓ Brief description of key staff and their qualifications

**For more information, please contact:**

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Manager of Programs  
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## 2017 SPECIAL HEALTH GRANT APPLICATION COVER PAGE

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| <b>Application Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           | <b>Organizational Website:</b>                           |                                                        | <b>EIN #:</b>                                                      |    |                                              |    |
| <b>Applicant's Legal Name (as shown on IRS Letter of Determination):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                           | <b>Doing Business As (if different from legal name):</b> |                                                        |                                                                    |    |                                              |    |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                           |                                                          |                                                        |                                                                    |    |                                              |    |
| <b>City:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                           | <b>State:</b>                                            |                                                        | <b>Zip Code:</b>                                                   |    |                                              |    |
| <b>Telephone #:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                           | <b>Fax #:</b>                                            |                                                        |                                                                    |    |                                              |    |
| <b>Executive Director (or Top Executive):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <i>(Please include prefix and title)</i>                                                                                                                                                                                                                                                  | <b>Phone #:</b>                                          |                                                        |                                                                    |    |                                              |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                           | <b>Email Address:</b>                                    |                                                        |                                                                    |    |                                              |    |
| <b>Main Contact(s) for this Proposal:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <i>(Please include prefix and title)</i>                                                                                                                                                                                                                                                  | <b>Phone #:</b>                                          |                                                        |                                                                    |    |                                              |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                           | <b>Email Address:</b>                                    |                                                        |                                                                    |    |                                              |    |
| <b>Board Chair:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                           | <b>Phone #:</b>                                          |                                                        |                                                                    |    |                                              |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                           | <b>Email Address:</b>                                    |                                                        |                                                                    |    |                                              |    |
| <b>Type of request (check one):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Nonprofit Hospital/Health Center                                                                                                                                                                                                                                 |                                                          | <input type="checkbox"/> Child Rehabilitation Services |                                                                    |    |                                              |    |
| <b>Organization Type:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Federally Qualified Health Center                                                                                                                                                                                                                                | <input type="checkbox"/> Other Health Center             | <input type="checkbox"/> Nonprofit Hospital            | <input type="checkbox"/> Other Community-Based Health Clinic _____ |    |                                              |    |
| <b>Project/Initiative Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                           |                                                          |                                                        |                                                                    |    |                                              |    |
| <b>Project Time Period:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | / /<br>through<br>/ /                                                                                                                                                                                                                                                                     | <b>Amount Requested:</b><br>(up to \$50,000)             | \$                                                     | <b>Total Project Budget for this period</b>                        | \$ | <b>Current Annual Organizational Budget:</b> | \$ |
| <b>Proposal Summary</b> - In 100 words or less, provide a summary of your funding request, defining how your project will advance universal access to health care for children and the impact you expect to achieve as a result of successful implementation.                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                           |                                                          |                                                        |                                                                    |    |                                              |    |
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| <b>Geographic Area(s) and Population(s) Impacted:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <i>(Describe the specific geographic areas and populations (e.g. regions, counties, municipalities, cities, communities, localities or neighborhoods AND ages, race/ethnicity, income level, population size, etc.) that will be impacted by, and benefit from, this funding request)</i> |                                                          |                                                        |                                                                    |    |                                              |    |
| <b>Organization's Mission/Vision Statement:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                           |                                                          |                                                        |                                                                    |    |                                              |    |
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| <b>Applicant's Tax Exempt Status/IRS Designation: (e.g. 501(c)(3), 501(c)(4), etc.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>(Attach a copy of the IRS Letter of Determination- NOTE - this is not the state sales and use tax exemption certificate. If there has been a name change, provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination)</i>                |                                                          |                                                        |                                                                    |    |                                              |    |
| <b>Agreement</b> I certify to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization, or its fiscal agent, is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities. In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders. |                                                                                                                                                                                                                                                                                           |                                                          |                                                        |                                                                    |    |                                              |    |

\_\_\_\_\_  
Signature, Executive Director (or authorizing official on behalf of the organization)

\_\_\_\_\_  
Date