



## 2025 Seniors Community Revitalization & Development Fund Proposal Questions

**Instructions:** Please note that these questions are intended to be submitted through the online grant portal found under the Senior Community Fund section on Deaconess website: <https://deaconess.org/funding-opportunities/>

### **Funding Overview**

The Community Health Commission of Missouri (<https://chcmisouri.org/>), in partnership with Deaconess Foundation, launched a \$350,000 Seniors Community Revitalization & Development Fund (Seniors Community Fund) to support services for seniors in the region. The Seniors Community Fund aims to improve the public health system infrastructure to better serve residents 55 years of age and older and promote transparency and accountability. The Fund's community-led Senior Advisory Board, comprised of residents aged 55 and older, will review funding proposals for up to \$30,000 from organizations/projects/initiatives addressing three priority areas: transportation, safety, and health navigation support for seniors in the Greater St. Louis region and nearby counties in Illinois.

Prospective applicants should serve seniors in one or more of the following areas: The Greater St. Louis area (St. Louis City, St. Louis County, St. Charles, Jefferson and Franklin County) and Illinois (Madison, Monroe, and St. Clair County).

Applications will be reviewed by the Seniors Advisory Board, which is comprised of seniors and organizations serving seniors within the desired service areas.

**Applications for the 2025 Grant Cycle will be accepted starting Monday, September 22<sup>nd</sup>, 2025.**

**Applications are due by Friday, October 17<sup>th</sup>, 2025 at 11:59 pm.**

If the applicant does not have a 501c3 tax status, the applicant is eligible to apply with a fiscal sponsor.

***Listed below are the specific questions that are in the online portal for Senior Community Fund Grant Application.***

### **Applicant Information**

Organization/Initiative:\*

Primary Contact First Name:\*

Primary Contact Last Name:\*

Primary Contact Email Address:\*

Secondary Contact First Name:\*

Secondary Contact Last Name:\*

Secondary Contact Email Address:\*

Mailing Address:\*

City:\*

State:\*

Zip code:\*

Phone Number:\*

Website:

**Impact Demographics**

*Please indicate the ages, genders and ethnicities of those you serve (select all that apply).*

Age Group:\*

- ☐ 55-65
- ☐ 66-75
- ☐ 76-85
- ☐ 86-95
- ☐ 96 and older
- ☐ All the above

Gender:\*

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Transgender
- ☐ Not disclosed
- ☐ Other

Ethnicity:\*

- ☐ Alaskan Native
- ☐ Asian American
- ☐ Black
- ☐ Caucasian
- ☐ Hispanic/Latino
- ☐ Multi-racial
- ☐ Native American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other

Please select the service area(s) of the organization/initiative:\*

- ☐ St. Louis City (MO)
- ☐ St. Louis County (MO)
- ☐ St. Charles County (MO)
- ☐ Jefferson County (MO)
- ☐ Franklin County (MO)
- ☐ Madison County (IL)
- ☐ Monroe County (IL)
- ☐ St. Clair County (IL)

### **Proposal Information**

**(1) Of the funding priorities listed below, select which of these areas the organization/initiative provides services: (check all that apply)\***

- ☐ Transportation – includes transportation to more than just health-related services (transportation to grocery stores, self-care appointments, social activities, etc.)
- ☐ Safety – focuses on measures that increase overall safety AND the feeling of safety within neighborhoods (outdoor lighting, home maintenance and landscaping, security cameras)
- ☐ Navigation Support – includes support staff or programming that makes accessing social and health services more transparent, understandable, and accessible for seniors.

**(2) In addition to the service(s) selected above, are there other services your organization/initiative provides? (optional)**

**(3) Based on the funding priorities identified above, share how the funds would be utilized.\* (250 word limit)**

**(4) Share the desired impact you expect to achieve as a result of successful implementation.\* (250 word limit)**

**(5) Share a detailed budget narrative.\* (250 word limit)**

**(6) Optional: Upload a copy of the budget**

*(acceptable file types: avi, bmp, doc, docx, gif, jpeg, jpg, mp3, mp4, mpeg, mpg, pdf, png, ppt, pptx, txt, wav, xls, xlsx, zip)*

**(7) Has your organization or program previously received funding from the Seniors Community Revitalization and Development Fund?\***

- ☐ Yes
- ☐ No

*For questions related to the Senior Community Revitalization and Development Fund, please contact Velva Hollimon, CHC MO Director of Innovation at [vhollimon@chcmisouri.org](mailto:vhollimon@chcmisouri.org)*

*For technical assistance with completing this application, please contact [granthelp@deaconess.org](mailto:granthelp@deaconess.org).*