



# 2019 GRANT GUIDELINES





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## WHO WE ARE

### OUR SERVICE REGION

Access to quality, affordable healthcare is an important factor in leading a full, healthy and resilient life. However, there are social and systemic factors—the conditions in which we are born, live and work—that play a crucial, if not, more influential role on our overall health. For the Healthy Communities Foundation, we aim to achieve health equity across our 27-zip code service region in Chicago and western Cook County suburbs, by addressing both the medical factors that influence health as well as the upstream, midstream and downstream social determinants of health.



University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps Model 2017. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### VISION

We envision that all residents of our communities lead full, healthy and happy lives and enjoy equal life expectancy.

### MISSION

We are a community-informed grantmaking foundation that seeks to measurably improve the health and well-being of individuals, families and communities in our service region by promoting health equity, quality and access.

### OUR COMMITMENT

All residents of our service region, particularly those who live with the greatest health disparities, should have access to resources and opportunities that improve their well-being and create a sustainable quality of life. Systemic conditions, such as implicit bias and institutional/structural racism, impede those goals and disproportionately affect people of color and ethnic minorities. We commit to addressing these barriers by being a community informed and embedded foundation.

### WHERE WE FUND

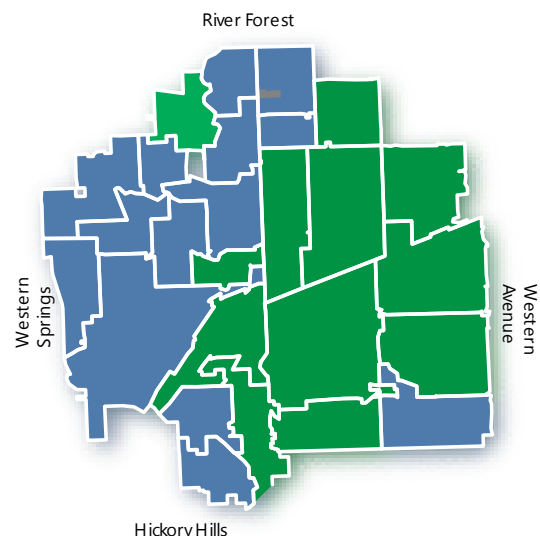
As a health-conversion foundation, we fund a geographic region defined by the service area of MacNeal Hospital, from which we received our endowment in 2000. This service region covers a five-mile radius around the hospital and is composed of 27 zip codes with diverse health opportunities and outcomes. For more information about our region, please visit our [website](#).

### LEGACY

We make grants in the primary MacNeal Hospital service area, or what we call our “Legacy” area.

### EQUITY

To achieve health equity, we allocate the majority of funds to zip codes that rank lowest in our social determinants of health study, or what we call our “Equity” area.



**LEGACY & EQUITY ZIP CODES**

## OUR GRANTMAKING STRATEGY

### WAYS WE GIVE



#### GENERAL OPERATING SUPPORT

Most of our funding goes towards this giving area. We firmly believe in strengthening our partner organizations from within, so they can focus on advancing their work towards providing health services and addressing health equity.



#### SPECIAL INITIATIVES

We fund strategic health initiatives, by invitation only, that explore new opportunities and/or address crises and emergencies. We are in the process of phasing in Special Considerations and Urgent Response funding opportunities.



#### CAPACITY-BUILDING

Beyond monetary support, we direct resources that can help organizations deliver their missions. We do this by supporting strategies that promote effective organizational practices and strengthen leadership skills, setting the foundation for healthy, strong and effective nonprofits.

### 2019 GRANTMAKING COMMITMENT

In 2018, our total grantmaking was \$5.1 million with \$4.25 million going toward one-year general operating support to 69 organizations. Our average grant amount was about \$60K with most grant amounts within the range of \$16K-100K. As our communities evolve and as health issues intersect with other social issues, we remain committed to being responsive and collaborative towards community-informed and -defined solutions.

For the 2019 grant cycle, we will direct a similar amount in general operating funds as in 2018 towards addressing individual health needs and systemic barriers to health. During this cycle, applicants may apply for one-year General Operating Support or Project Support grants.

### WHAT ARE PROJECT SUPPORT GRANTS?

The focus of our grantmaking is to fund organizations and institutions that demonstrate alignment with our mission, values and our grantmaking priorities. With that in mind, we believe in making our grant application process as equitable as possible for organizations of all sizes and capacities. We highly value the work and impact of larger institutions, such as universities and hospital systems, which greatly contribute to our service region. Given their size and capacity, we ask that these institutions apply for Project Support grants that go towards specific, health-focused strategies located within our service region which demonstrate a strategic partnership with and strong commitment to local community partner(s).

### LOOKING AHEAD TO 2020

Currently, we are planning the 2020 grant cycle and are considering strategic shifts, such as the expansion to two grant cycles per year and multi-year funding awards. As we continue to put our Strategic Plan in place and continue to learn more about our service region, we hope these shifts allow us to better support the work of key partners that result in measurable impact for individuals and communities. We will communicate more regarding the implementation of these strategies during the next few months.

## OUR GRANTMAKING PRIORITIES

To better understand our grantmaking strategy and the impact of social determinants of health in our service region, please refer to our [Zip Code Health Rankings report](#). All organizations must be able to demonstrate that their proposed work aligns with at least one of the categories below.

### ACCESS

#### to Quality Health Services

High quality, comprehensive health care services are often out of reach for residents in our region due to high medical costs or lack of culturally affirming care.

#### STRATEGIES WE FUND:

- Improving quality and access to integrated primary health services in safety-net hospitals and community-based clinics in the HCF region.
- Improving access to mental health, behavioral and substance abuse services located within under-served communities and embedded within community-based organizations.
- Increasing access to health services for children/adolescents and individuals living with disabilities.

### ADDRESS

#### Social Determinants of Health

Overall health is deeply influenced by where we live, work, learn and play. While residents in our region do not have equitable access to resources and opportunities that impact long-term health outcomes, they have a nuanced understanding of the challenges they face and potential solutions.

#### STRATEGIES WE FUND:

- Community-based organizations with a dedicated health strategy that includes cross-sector collaborations and may include case management or community health workers.
- Efforts focused on removing individual barriers to accessing care, such as (but not limited to) transportation, interpretation and health literacy.
- Organizations using a health equity lens to focus on issues such as (but not limited to) housing, education, violence, environment, employment and food insecurity.

### ADVOCATE

#### For Health-Related Policies & Systems Change

We take an upstream approach to influencing health by addressing the root causes of inequities. We aim to impact existing structures and policies by supporting efforts that ensure our communities are part of the decision-making tables.

#### STRATEGIES WE FUND:

- Focus on policies that impact healthcare access for people who are underinsured and uninsured, including those who are undocumented.
- Community-led efforts to create more equitable health policies, systems and practices that directly impact services and delivery.
- Serving as a coordinating entity to local collaborative efforts focused on health.

### AUGMENT

#### Knowledge Through Capacity-Building

Beyond financial support, we direct resources that can help partners effectively deliver their missions over the long haul. We also support strategies that give communities access to local health data which can enhance their capacity to make informed health-related decisions.

#### STRATEGIES WE FUND:

- Analyzing and/or conducting research on local health issues and trends that help inform the field and build practical knowledge for the social impact sector.
- Collecting, analyzing and disseminating disaggregated data to impact health equity in our region.
- Providing capacity-building to nonprofits in our region to improve health data collection and outcomes reporting.



## GRANT ELIGIBILITY

### WHO WE FUND

- Nonprofit organizations that are exempt from federal income tax under provisions of section 501(c)3 of the IRS Code. Organizations that are not tax exempt may apply with a fiscal agent.
- For an organization to be eligible, at least 20% of total individuals served must live in our service region.

For hospitals and university systems with operating budgets greater than \$10 million, we will only award Project Support grants for initiatives located within our service region which demonstrate a strategic partnership with and strong commitment to local community partner(s).

### WHAT WE DO NOT FUND

- Businesses
- Capital campaigns\*
- Government Entities
- Individuals
- National organizations not focused on our service region
- Partisan political activities
- Religious activities
- Scholarships
- School Districts & Individual Schools (including PTOs)

Generally, we do not fund more than 10% of an organization's operating budget.

\*Only capital expenses for materials will be considered for funding (i.e. medical equipment, dental chairs).

### WHAT WE ARE LOOKING FOR

- Demonstration of strong engagement, commitment and knowledge of the communities served within our service region.
- Strong understanding of the intersectionality of health and other social issues and how the proposed work will improve specific health outcomes.
- Clear articulation about the focus on racial and health equity.
- Involvement and deep collaboration beyond own programs with partners from the community(ies) served, health fields and from other sectors.

## APPLICATION INSTRUCTIONS

### OUR NEW APPLICATION PROCESS

We recognize the amount of time and effort that is invested in by grant seekers to produce grant applications and by our small staff to thoroughly evaluate them. We want to honor this by streamlining our application process, so we can all focus on what matters to us—improving the health and well-being of our region. For the 2019 grant cycle, we have implemented a two-stage application process that begins with a Letter of Intent (LOI). We envision this new process to help applicants use their time and resources efficiently in preparing a full application and, therefore, increasing the likelihood to receive funding.

Note: We will consider **only one LOI per organization/institution**. Organizations serving as fiscal agents may submit two--one on behalf of the organization and one on behalf of the sponsored organization.

#### STAGE 1: DUE JULY 1ST

##### LETTER OF INTENT

Applicants can submit an abbreviated application through our online grants portal, WizeHive. A LOI outline is available for review within these guidelines.

#### STAGE 2: DUE AUGUST 15TH

##### INVITATION-ONLY FULL APP

After we review the submitted Letters of Intent, select applicants will be invited to submit a full application via our online grants portal. Our staff will directly notify invited applicants.

## ONLINE GRANTS PORTAL

To apply for funding in the 2019 grant cycle, the LOI and subsequent full application (if applicable) should be submitted via our online grants portal, [WizeHive](#).

Applicants with an existing WizeHive account will see the funding opportunity on the homepage. New applicants must create an organizational profile before having access to the current grant cycle.

Note: Organizations should not create duplicate accounts. If there is a need for a new password, please click on "Forgot My Password". If the email address associated with the account is no longer active or you are having issues retrieving the password, please contact [cperez@hcfndn.org](mailto:cperez@hcfndn.org).

## IMPORTANT DATES



MAY 15, 2019

LOI Portal Opens

MAY 21, 2019

LOI Information Session

JULY 1, 2019

LOI Due

JULY 15, 2019

Invites Sent for Full Applications

AUGUST 15, 2019

Full Applications Due

END OF AUGUST-  
SEPTEMBER 2019

Site Visits Conducted

DECEMBER 2019

Grant Decisions and Grant Notifications

## REPORTING REQUIREMENTS

Funded partners will be required to complete a mid-year check-in with our staff and complete a final year-end report through WizeHive by December 1, 2020.

## QUESTIONS AND CONTACT INFORMATION

If you have questions about the alignment of your work with our grantmaking priorities, understanding our grant guidelines or need assistance in submitting your application, please look at the [FAQs Section](#) on our website first. We will update questions as they are received and clarify any information there.

If you have a question that is not listed on the FAQs page, please email us at [administration@hcfndn.org](mailto:administration@hcfndn.org) or call us at (708)443-5674.

## STAGE ONE: LETTER OF INTENT OUTLINE

### FORM ONE: LOI

#### APPLICANT INFORMATION

- Name of Organization
- Total Amount Requested
- Current FY Budget
- Application Type (New or Renewal)
- Issue Focus

#### NARRATIVE RESPONSE

1. Please describe your core organizational programs and services. (350-word limit)
2. How does your organization advance health equity in the region? (350-word limit)
3. Please describe how support from HCF will be utilized (i.e., the major goals and activities of the proposed work) and describe your anticipated impact on identified health needs and/or health outcomes. (350-word limit)
4. Describe how your proposed efforts emerged from, were informed by and/or are tailored to the community you serve. How does the community you serve describe the impact of health disparities? (350-word limit)
5. Please describe how you define and measure success and/or whether your program is aligned to particular best practices. Please list up to three key outcomes you currently collect. (350-word limit)
6. Describe your involvement in one or two collaborative efforts that help you advance the work of this proposal. Examples could include: policy advocacy, community-wide multi-sector initiatives, and/or issue-specific efforts. Please include the role your organization plays. If this is not applicable, please write 'N/A.' (350-word limit)

#### ATTACHMENTS

- Organizational Budget
- Project Budget (if applicable)

### FORM TWO: 2019 SERVICE REGION WORKSHEET (FULL INSTRUCTIONS ON FORM)



## STAGE TWO: FULL APPLICATION

### INSTRUCTIONS

- If you would like to keep your response from the LOI stage as is, please copy and paste from the submitted LOI into the form below.
- If you would like to update or elaborate on your response from the LOI stage, please copy and paste your response from the LOI and add to it. You will have an additional space to elaborate on your answers.
- Questions #7 and #8 are new and required for the full proposal stage. Question #9 is required for project support applicants only.

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1. Please describe your core organizational programs and services. (550-word limit)
  2. How does your organization advance health equity in the region? (550-word limit)
  3. Please describe how support from HCF will be utilized (i.e., the major goals and activities of the proposed work) and describe your anticipated impact on the identified health needs and/or health outcomes. (550-word limit)
  4. Describe how your proposed efforts emerged from, were informed by and/or are tailored to the community you serve. How does the community you serve describe the impact of health disparities? (550-word limit)
  5. Please describe how you define and measure success or whether your program is aligned to particular best practices. Please list up to three key outcomes you currently collect. (550-word limit)
  6. Describe your involvement in one or two collaborative efforts that help you advance the work of this proposal. Examples could include: policy advocacy, community-wide multi-sector initiatives, and/or issue-specific efforts. Please include the role your organization plays. (550-word limit)
  7. *Why is your organization uniquely qualified to lead the proposed scope of work?*(550-word limit)
  8. *How does your organization address racial and ethnic equity within your organization and within the region?*(550-word limit)

#### (FOR PROJECT SUPPORT APPLICANTS ONLY)

9. Please provide additional context about the nature of this project, including, but not limited to: the recognized need/opportunity of the proposed work; history of collaboration among partner(s); the duration and/or life cycle the project (if applicable). If applicable, additional noteworthy details should include (but are not limited to): whether the project is a pilot, whether it is an extension or evolution of other work, and/or whether other key funding partners are pending or confirmed. (550-word limit)

#### ATTACHMENTS (FOR ALL APPLICANTS)

- Most Recent Audit
- List of Foundation and Corporate Funders (over \$5,000)
- List of Board Directors

## APPENDIX

### GLOSSARY

Below is a list of key terms and definitions that are relevant to our work and grantmaking strategy. Feel free to reach out to us on how to present your work in alignment with these definitions.

#### HEALTH DISPARITIES

A health difference that is closely linked with social, economic or environmental disadvantage. (Source: [healthypeople.gov](http://healthypeople.gov))

#### HEALTH EQUITY

This is achieved when every person can “attain his or her full health potential” and no one is disadvantaged from achieving this potential because of some socially determined circumstance. Health inequities are reflected in different lengths of life, quality of life, rates of disease, disability and death, severity of disease and access to treated (Source: CDC)

#### RACIAL EQUITY

This is a framework to analyze how race and ethnicity shape our experiences with power, access to opportunity, treatment and outcomes (Source: Grant Craft/PRE).

#### SOCIAL DETERMINANTS OF HEALTH

The condition in which people are born, grow, live, work and age that impact health outcomes. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. (Source: WHO)

#### SYSTEMS CHANGE

Addressing the systemic barriers that create inequities. (Source: Power Moves)

### FAQS

Please see our [website](#) for frequently asked questions regarding our grant cycle. We will be updating the list as they arise until the application deadline.