

2021 Grant Application - July

Green Tree Community Health Foundation

Question Group

If you applied in 2020, your Final Report is mandatory before continuing.*

Choices

I submitted my 2020 Report.

I am a new applicant.

Executive Director or CEO

1. Please list the name, title, and tenure of the current Executive Director or CEO.

Character Limit: 250

Mission Statement

2. Please enter the official one to two sentence mission or purpose statement of your organization.

Character Limit: 500

When was the organization/program established as a non-profit?

3. Please choose appropriate number of years.

Choices

<1 year

1 - 3 years

3 - 8 years

8+ years

Amount Requested

4. Please include the total amount of funding you are requesting.

Character Limit: 20

Type of Funding Requested

5. Please choose one:

General Operating: funding to cover basic operations

Specific Program: this category is for funding any of the following budget areas:

- for one specific program your organization offers (e.g. clinical services)
- for programming at a specific location (e.g. Jenks Elementary School)
- for a short-term, specific period of time (e.g. summer programs)

****Please DO NOT create a new budget area! A program should already be clearly delineated within your organizational budget. If it isn't clearly discussed on your website, it's not a program.****

Choices

General Operating Support
Program/Project Support

Funding Priority

6. This grant cycle is for those applying under the Hunger and Food Insecurity funding priority ONLY.

Due date: July 1, 2021 at 5:00 pm

Please confirm that you are applying under the correct funding priority:

Choices

Hunger and Food Insecurity

Request Overview

7. Briefly describe your funding request as related to the work you are doing to achieve health equity (*Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.*)

Begin your request in the following format "Requesting (dollar amount) to support..."

Character Limit: 1200

Key Staff and Qualifications

8. Please list the key staff pertinent to the proposal, including their qualifications, experience, responsibilities/duties, and length of time in current position.

Character Limit: 3000

Total Number of Employees

9. List number of Full-Time, Part-Time and Volunteers

Character Limit: 250

Program Information

Program Title*

10. What is the name of the program for which you are requesting funds?

Character Limit: 100

Program Duration

11. Is your program year-round?

Choices

yes

no

Program Duration con't

12. If you answered no to #11 above, how many months of service does the program provide per year?

Character Limit: 250

Population Served

13 Please check all boxes that apply, reflective of the populations your organization serves.

Choices

Adults

Children & youth

Indigenous Individuals

Multiracial individuals

Individuals of African descent

Individuals of Asian descent

Individuals of European descent

Individuals of Latin American descent

Individuals of Middle Eastern descent

Heterosexual individuals

Intersex individuals

LGBTQ individuals

Individuals with disabilities

Individuals with diseases & illnesses

Pregnant individuals

Individuals managing substance abuse

At-risk youth

Economically disadvantaged individuals

Immigrants & migrants

Incarcerated individuals

Victims & oppressed individuals

Religious groups

Activists

Emergency responders

Unemployed individuals

Veterans

Other

All of the Above

Program Description

14. How does your work increase health equity and promote systems change as related to our funding priority - Hunger and Food Insecurity?

*Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Character Limit: 4000

Advocacy

15. Does your organization engage in advocacy work?

Choices

yes

no

Goals & Anticipated Outcomes

16. Please clearly list your goals and expected outcomes. Include the number of people to be served in the next year.

Character Limit: 2000

The next several questions request specific numbers related to "**un-duplicated**" individuals (clients and/or patients) served in the zip codes included in our catchment area. Please do not estimate. If you do not serve individuals within a zip code, please enter zero (0).

****If you are requesting program funding, only report numbers that reflect the program for which you are requesting funds. This application is for Hunger and Food Insecurity. Please only report numbers that reflect your Hunger and Food Insecurity related programming.****

If you have any questions regarding our catchment area, please contact Bonnie Soriano at bs.greentreecommunityhealth@gmail.com or 215-438-8102.

19118 (Chestnut Hill)

17.1 How many individuals from 19118 (Chestnut Hill) have you served in the last year?

Character Limit: 20

19119 (Mt. Airy)

17.2 How many individuals from 19119 (Mt. Airy) have you served in the last year?

Character Limit: 20

19128 (Roxborough)

17.3 How many individuals from 19128 (Roxborough) have you served in the last year?

Character Limit: 20

19138 (East Germantown)

17.4 How many individuals from 19138 (East Germantown) have you served in the last year?

Character Limit: 20

19144 (Germantown)

17.5 How many individuals from 19144 (Germantown) have you served in the last year?

Character Limit: 20

19150 (Wadsworth)

17.6 How many individuals from 19150 (Wadsworth) have you served in the last year?

Character Limit: 20

Overview of Individuals Served

18. Answer based on type of funding request checked above. If it does not match, your application may be disqualified. Follow the examples below.

General Operating Fund Requests:

- Overall total number of individuals your organization has served within the last year
- Total number of individuals served who are *from or live within Green Tree's catchment area* (total of numbers above)
- Percentage of the total clients served from or live within our catchment area
- For example: 876; 114; 13%

Program Funding Requests:

- Overall total number of program participants
- Total number of individuals served *BY THE PROGRAM* who are *from or live within Green Tree's catchment area* (total of numbers above)
- Percentage of total program participants from within our catchment area
- Overall total number of individuals your organization has served within the last year
- For Example: 125; 55; 44%; 500

Character Limit: 50

Future Estimate

19. How many individuals from within the Green Tree Catchment area do you expect to serve in the next year? (As it relates to your request.)

Character Limit: 10

Financial Information

Budget Changes

20. Please describe any recent and significant budget changes, if applicable.

Character Limit: 1000

Document Uploads

Copy of IRS determination letter*

File Size Limit: 2 MB

Current Organizational Budget*

Please upload a copy of your current organizational budget.

File Size Limit: 2 MB

Board List

Please upload a copy of your current board list.

File Size Limit: 2 MB

Most recent audited financials*

If your organizational budget is less than \$250,000 and you do not have audited financials, please upload a note with an explanation of your status.

File Size Limit: 5 MB

Most Recent Copy of Your 990*

If your organizational budget is less than \$250,000 and you do not have a 990, please upload a note with an explanation of your status.

File Size Limit: 8 MB

Letters of Agreement, Contracts, or MOUs

Please note, if your requested program involves a partnership or collaboration, MOU/ MOA is required.

Upload any letters of formal agreement, contracts or memorandum of understanding with another agency or organization, attach a copy of the signed document. (Required for applicants with a fiscal sponsor.)

File Size Limit: 1 MB

Additional Information

Please include any additional information that would be helpful as we seek to understand your organization/program.

Character Limit: 5000

