

**Mission** The St. Joseph Community Health Foundation, sponsored by the Poor Handmaids of Jesus Christ, stewards resources to:

**Respond** to community needs with grants; **Leverage** collaboration with community partners; **Engage** in transformational initiatives.

We serve the poor in body, mind and spirit to achieve quality health and wellness, focusing on the community of Allen County, Indiana and may respond to needs among other underserved populations.

# 2020 MINI GRANT GUIDELINES

# APPLICATIONS FOR GRANTS OF LESS THAN \$5,000 ARE ACCEPTED AT ANY TIME.

#### ELIGIBILITY

- Applicants should be 501(c)3 non-profit organizations, focus on residents of Allen County, Indiana, demonstrate that at least 51% of their clients are very low income, and have a demonstrated history of serving vulnerable populations.
- Applicants are encouraged to learn more about the values of the St. Joe Foundation at <u>sichf.org</u>.

## WHAT WE FUND: IMPACT AREAS

**Prenatal & Infant Care** Funding to enable pregnant women, new fathers, and infants to have access to free or low-cost quality care and resources for a healthy pregnancy, birth, and first year of life. (Learn more at sjchf.org)

**Nutrition & Food Insecurity** Funding to both provide vulnerable, food-insecure individuals with access to nutritious food with dignity, and empower them to build their own sustainability. (Learn more at sichf.org)

Access to Quality, Affordable Healthcare Funding to support lower income and uninsured residents to have access to free or low-cost, quality healthcare, enabling them to improve their health and hope for their future. (Learn more at sichf.org)

**Refugees & Immigrants** Funding for programming that supports immigrants being welcomed with dignity and assisted in accessing healthcare and other critical resources. (Learn more at sichf.org)

**Partners with the Spirit** Funding to Respond to God's Call to partner with the Spirit, consistent with the charism of Saint Katharina Kasper and tradition of the Poor Handmaids of Jesus Christ. Grant requests are by invitation only from the Foundation. (Learn more at sjchf.org)

### **RESTRICTED FUNDS:**

**Medical Equipment** The Frederick J. Pfeiffer Fund is for capital improvements, or acquiring medical or surgical equipment. (Learn more at sichf.org)

**Healthcare Education** The Dr. Louis and Mrs. Anne Schneider Fellowship Fund is for acquiring *new* healthcare and wellness skills and services. Grants are up to \$2,000 annually. (Learn more at sichf.org)

**Burn Care and Prevention** The Burn Care and Prevention Fund is for the improvement of the overall readiness of the community in burn care and burn prevention. (Learn more at sichf.org)

# Contact staff to discuss your proposal idea or how to apply:

347 West Berry St., Suite 101 Fort Wayne, IN 46802 260.969.2001 sichf.org

Meg Distler, Executive Director mdistler@sichf.org

Grants Coordinators:
Amy Saleik
asaleik@sjchf.org
Marla Rust
mrust@sjchf.org

# The St. Joe Foundation will consider requests for:

- Program & operating support
- Program-related equipment
- Staff continuing education
- Technical assistance
- Matching funds
- Burn care and prevention

Grant applications will **not** be accepted for:

- Building projects
- Elimination of deficits
- Political activities
- Individuals
- Projects already completed

# APPLY FOR A MINI GRANT

All grant applications must be submitted online.

A link to the grant application is located on the Foundation's website at <u>sichf.org</u>.

Applications for grants of LESS than \$5,000 are accepted at any time.

Below is the information that will be required to apply for grant funding.

## PROGRAM OVERVIEW

- Amount requested
- One-sentence description of grant request
- Select the grant impact area
- Date funds needed
- Advise if your organization's Executive Director/ CEO authorized this application
- Unduplicated number of individuals proposed to be served by this program, as a result of this funding
- Describe the individuals served by the program, including zip code of residence, race, and primary language spoken
- Percent or number of low income/poor served
- Criteria used to define low income
- Number of services/visits provided by program annually

# **ORGANIZATION INFORMATION**

- Organization mission statement
- Overview of organization's history, values, staffing, programs and recent distinctions
- Have there been collaborative and/or innovative strategies used in the past two years that have had a transformational impact on the clients, staff, and/ or agency?
- Do you have a client database that tracks socioeconomic factors, including zip code of residence, race, and primary language spoken?

## PROGRAM DESCRIPTION

- Explain the proposed program's relevance to your organization's work and how it advances one of the Foundation's Impact Areas. Visit <u>sjchf.org</u> for more information on the Impact Areas.
- Description of the target population's financial need.
- Describe your organization's staffing expertise and capacity to serve the target population.
- Explain how the target population is engaged to help decide how to improve their health, and

- empowered as a result of your program to live a healthier, better life. Include if family, community, neighborhood, local church, or other supports are involved to help a client.
- List the top two desired outcomes of the program.
   How do you plan to measure your effectiveness in achieving those outcomes?
- If the program is successful, identify strategies to replicate the program, stay abreast of new innovations and research, as well as identify additional revenue streams that might enable you to reach more individuals.
- Total program budget amount
- Program budget and budget narrative

#### **ATTACHMENTS**

- List of board members with their professional affiliations. Please advise how frequently the board meets and if minutes are kept.
- Most recent 990 filed with the IRS
- Organization's current operating budget with revenues and expenses
- Organization's current year budget vs. actual with revenues and expenses (If you are at least six months into your fiscal year at the time of submission.)
- Organization's previous year budget vs. actual with revenues and expenses
- Conference agenda or flier (Schneider Fellowship for continuing healthcare education requests only)
- Job description (If requesting funding for at least 75% of a specific position.)
- MOU / MOA (If this application represents a collaboration.)

After Your Grant Application is Submitted We may contact you during our review process to clarify information in your application or request additional information. You can expect to receive a funding decision within 90 days.