

Spring 2026 Grants More Than \$5,000

St. Joseph Community Health Foundation

Application Overview

Grants are awarded to support compassionate, quality care for the most vulnerable in Allen County, Indiana as envisioned by Saint Katharina Kasper and the Catholic Religious Community of the Poor Handmaids of Jesus Christ.

Eligibility Requirements:

- The focus must be on serving low-income, vulnerable individuals in body, mind, and spirit who live in Allen County, Indiana.
- The agency should have expertise in working with vulnerable populations, with at least 50% of their work directed toward helping low-income, marginalized people.
- Programming should foster mutually beneficial relationships between clients and staff, promoting shared growth, respect, and spiritual fulfillment.
- In 2026, preference will be given to projects focusing on pregnant women and infants, immigrants and refugees, while also considering food- and nutrition-insecure individuals, and access to quality, affordable health and wellness care.
- The Foundation will consider requests for program and operating support, program-related equipment, staff continuing education, technical assistance, and matching funds. The Foundation does NOT fund building projects/capital, elimination of deficits, political activities, individuals, or projects that are already completed.

Applicants are encouraged to learn more about the values, grantmaking, and ministry of the St. Joe Foundation at sjchf.org.

Amount Requested*

Amount requested must be MORE THAN \$5,000.

Character Limit: 20

Program Name*

Please provide a one-sentence description of the grant request.

Character Limit: 250

Unduplicated Number of Individuals Served by Program*

How many unique individuals do you propose to serve in this program as a result of this funding?

Character Limit: 9

Description of Individuals Served by Program*

Describe the individuals served by the program, including zip code of residence, race, ethnicity, and primary language spoken. Estimate the percentage of individuals served who are residents of Allen County.

Character Limit: 1000

Percent or Number of Low-Income/Poor Served*

Character Limit: 250

Criteria Used to Define Low-Income and Vulnerability*

Character Limit: 500

Number of Services/Visits Provided by Program Annually*

Character Limit: 750

Organization Information

Organization Mission Statement*

Character Limit: 500

Organization Overview*

Please provide an overview of your organization's history, values, staffing, programs, and recent distinctions, including your expertise in serving the vulnerable.

Character Limit: 2000

Inclusivity*

Describe how your organization consults clients and community members from the populations to be served in programming decisions. Are these individuals represented on your Board, staff, volunteer network, or in other areas? Discuss the benefits of including diverse perspectives, considering factors such as race, ethnicity, gender, age, culture, religion, and economic status.

Character Limit: 3000

Program Description

Issue to be Addressed*

Outline the issues this program aims to address, including emerging needs, underlying conditions, and available community resources. Provide relevant data about the target population and documented needs. If applicable, describe the medical equipment for which you are requesting funding.

Character Limit: 3000

Please explain in the following questions how the program to be funded will operate.

Expertise and Capacity to Serve*

Describe your organization's staff qualifications and experience. How does your team have the skills and resources needed to effectively address the issues outlined in your application?

Character Limit: 2000

Client Engagement*

Explain how the clients are engaged to assure the program meets their needs.

Character Limit: 1500

Staff/Volunteers*

How might this program offer ways for your organization's staff and volunteers to engage with and support marginalized populations in a way that promotes compassion and solidarity, and spiritual fulfillment of the staff and volunteers?

Character Limit: 3000

Program Outcomes*

- 1. What are the top two outcomes or results you want to achieve with this program?*
- 2. Describe how you plan to measure or evaluate whether those two outcomes/results have been successfully reached.*

Character Limit: 2000

Implementation Plan*

Provide a detailed implementation plan for this program, including staffing qualifications, a timeline, resources needed, and best practice program models that will be utilized.

Character Limit: 1750

Program Expansion and Relevance to Current Practices*

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.

Character Limit: 2500

Total Program Budget Amount*

This amount may be different than the amount requested.

Character Limit: 20

Program Budget and Budget Narrative*

- 1. Provide a line-item program or equipment budget here, or indicate if uploaded as an attachment.*

2. *In the space provided below, explain the items and assumptions within the program budget.*
3. *Explain what St. Joseph Community Health Foundation grant dollars would be used for, such as staffing, supplies, equipment, evaluation, etc.*

Character Limit: 3000

Use of Funds*

What specific areas or initiatives within the program (program budget) would the grant funds be directed towards?

Character Limit: 500

Other Funding*

*Please list other support you are seeking from foundations, donors, or government agencies, as well as any potential partnerships with other nonprofits. **Please list the top three.***

Character Limit: 750

Program Budget

File Size Limit: 3 MB

Attachments

Board List*

List of board members with their professional affiliations. Please advise how frequently the board meets and if minutes are kept.

File Size Limit: 2 MB

Form 990*

Attach your organization's most recent 990 filed with the IRS.

File Size Limit: 15 MB

Financial Audit*

Attach your organization's most recent audit. If you do not have an audit, please upload a document that explains your board's expertise and procedures to ensure financial stewardship.

File Size Limit: 11 MB

Organization's Current Operating Budget*

Include both revenues and expenses.

File Size Limit: 2 MB

Organization's Current Year Budget vs. Actual

Please attach if you are at least six months into your organization's fiscal year at the time of submission. Include both revenues and expenses.

File Size Limit: 2 MB

Organization's Previous Year Budget vs. Actual*

Include both revenues and expenses.

File Size Limit: 2 MB

Job Description

If you are requesting funding for at least 75% of a specific position, attach proposed job description.

File Size Limit: 2 MB

MOU / MOA

If this application represents a collaboration, attach a memorandum of understanding or agreement between parties.

File Size Limit: 2 MB

Misc Document to Support Application

You may use this field to attach another item that supports your application.

File Size Limit: 8 MB

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File Size Limit: 8 MB