

GCACH Community Health Fund 2021 - Walla Walla & Columbia

Blue Mountain Community Foundation

Organization Information

501c3 Status*

Are you applying as a 501c3 Organization, Church, or Governmental Unit?

Choices

501c3

Church

Governmental Unit

None of the Above

Letter of Determination

501c3s upload a copy of your IRS Letter of Determination. Governmental agency, upload a copy of your W-9.

File Size Limit: 5 MB

Annual Budget*

Please enter the annual budget for the organization

Character Limit: 20

DEI Data

We are gathering demographics of the organizations and communities we serve. Please answer these demographic questions with your best estimates. The federal poverty level question in particular might be hard to answer. Please just give us your best guess. Your answers to these questions are not factored into grant decisions.

Percentage of board members who identify as people of color?*

Choices

0-10%

11-20%

21-30%

31-40%

41-50%

51-60%

61-70%

71-80%

- 81-90%
- 91-100%

Percentage of board members who identify as women?*

Choices

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

Percentage of board members with a family income below 100% of the federal poverty level?*

More information about the federal poverty level here.

Choices

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- I don't know

Board Representation?*

Are there any people on this organization’s Board of Directors or governing body that represent the community that this organization serves? We are not referring to publicly-elected representatives.

Choices

- Yes
- No

Percentage of staff who identify as people of color?*

Choices

- 0-10%
- 11-20%
- 21-30%
- 31-40%

- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

Percentage of staff who identify as women?*

Choices

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

Percentage of staff members with a family income below 100% of the federal poverty level?*

More information about the federal poverty level here.

Choices

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- I don't know

Percentage of clients who identify as people of color?*

Choices

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%

91-100%

Percentage of clients who identify as women?***Choices**

0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%

Diversity, Equity & Inclusion*

Please describe how diversity, equity and inclusion policies and practices are demonstrated in your organization's work.

Character Limit: 500

Fiscal Sponsor Information

To be eligible to receive a grant, you must be either a 501c3 nonprofit, a governmental agency, or a church. If your organization is not, you may work with a qualifying agency as a fiscal sponsor.

Fiscal Sponsor Name

Please enter the name of the organization that is acting as your fiscal sponsor

Character Limit: 250

Fiscal Sponsor EIN

Character Limit: 25

Fiscal Sponsor IRS Letter

Please upload a copy of the IRS Letter of Determination for your fiscal sponsor. If your fiscal sponsor is a governmental agency, please upload a copy of their W-9.

File Size Limit: 5 MB

Fiscal Sponsor Letter

If you are applying with a fiscal sponsor, please submit a letter of Fiscal Sponsorship. Click the link below for a sample form letter.

Example Fiscal Sponsor Letter

File Size Limit: 5 MB

Project Information

Project Name*

Character Limit: 100

Social Determinant of Health (SDOH)?*

Which social determinant of health (SDOH) will be addressed with this program?

Choices

- Reducing barriers to housing
- Early learning & education
- Reducing barriers to behavioral health care

Project Summary*

Please give a brief summary of the proposed project.

Character Limit: 500

Lived Experience?*

Is this program led by/guided by a person/people with lived experience* of the SDOH being addressed?

**Lived experience means the person has actually been impacted by the SDOH personally.*

Choices

- Yes
- No

How long has this program/project been active?*

Choices

- New Program - Not Yet Launched
- New Program - Less than 12 months
- 1-3 Years
- 4-7 Years
- 8-10 Years
- More than 10 years

Explanation*

Please give a brief explanation of how this project/program will impact the social determinant of health you selected above.

Character Limit: 500

Measures*

As a condition of this grant, you will need to track a measure or set of measures to determine the impact of the grant. What measures do you plan to track?

Some examples include: pre- and post-program knowledge tests, number served, increases in awareness of or participation in programs, reduction in homelessness, reductions in emergency department use, etc.

Character Limit: 750

Number Served*

Please enter the approximate number of participants that will be served or impacted by this proposal. Please try to be as accurate as possible.

Character Limit: 8

Who do you serve?*

Please select all that apply.

Choices

- Children - Ages Birth to 5
- Children - Ages 6-12
- Teens - Ages 13-17
- Young Adults - Ages 18-25
- Adults - Ages 26+
- BIPOC (Black, Indigenous, People of Color)
- Families
- Latinx
- LGBTQ+ (lesbian, gay, bisexual, transgender, queer)
- Low-Income
- Medicaid Recipients
- Parents
- Retirees
- Students
- Veterans
- Other

If other, please elaborate

Character Limit: 50

Program Budget*

Please enter the annual budget for this program/project.

Character Limit: 20

Amount Requested*

Should not exceed the Program Budget.

Character Limit: 20

Support Received

Please list any grants or other support received for this project.

Character Limit: 750

Project Location & Timeline*

Please detail the location and timeline for this project.

Character Limit: 250

Additional Information

Please use the space below to include other important information that may be relevant to your proposal.

Character Limit: 750

Optional File Upload & Description

Use this space to provide context for an upload, if necessary.

Character Limit: 100 | File Size Limit: 10 MB

Signature

Time Comittment*

How long did this application take for you to complete?

Choices

- 1 - 2 hours
- 3 - 5 hours
- 6 - 8 hours
- 9 - 11 hours
- Over 12 hours

By completing the section below, you certify that you are authorized to make decision and enter into grant agreements on behalf of the affiliated organization or program. You further attest that the information provided on this application is true and accurate to the best of your knowledge.

Representative Name*

Character Limit: 80

Title*

Character Limit: 100

Date Approved*

Character Limit: 10