

2021 Community Collaborative Fund

Health Foundation, Inc.

Question Group

The Health Foundation's Community Collaboration Fund was established in April of 2020 to help support the needs of non-profit organizations serving people of Wilkes County impacted by the COVID-19 pandemic.

As your local funding partner, we wish to be as responsive as possible to your needs while also being responsible stewards of our generous donors. As we move through this crisis together, let us lift our shared values and use them as a guide to a future in which every Wilkes County child and adult is healthy, safe, and able to thrive.

This application is designed to be short and sweet. Please take no more than 15 minutes to complete it. Answer from the heart, shoot from the hip. Don't overthink it!

It is also designed to help The Health Foundation get a "big picture view" that will help us frame how we can best meet community needs.

Applications will be accepted on a rolling basis and decisions will be made as quickly as possible. You may be contacted by staff for a brief discussion.

If you have questions about the application process, please contact:

Heather Murphy, (336) 927-3952

Jenn Wages, (336) 414-2872

Holly Norman, (336) 452-0085

Project Name*

Character Limit: 100

Does your program serve residents of Wilkes County, North Carolina?*

Choices

Yes

No

Statement of Non-Discrimination*

The Health Foundation will not fund organizations that maintain policies or practices that discriminate against groups or individuals on the basis of race, ethnicity, color, gender, national origin, citizenship, ancestry, religion, age, military status, veteran status, disability, sexual orientation, gender identity and/or expression, marital and/or family status or any other

discriminatory reason.

Does your organization provide services to those in need without discrimination?

Choices

Yes

No

As best as you can tell today, select your biggest unfunded need:*

Choices

General operating expenses

New program need

Expanded program need

Existing program need

As best as you can tell today, what is your second biggest unfunded need?*

Choices

General operating expenses

New program need

Expanded program need

Existing program need

What are the reasons behind your biggest need?*

Check all that apply.

Choices

Increased demand for services

Decreased income from donations

Decreased fee-for service income

Increased costs due to Covid-19

Other

If you selected "Other," briefly describe.

Character Limit: 100

Looking ahead to the next six months, what do you anticipate will be your biggest need?*

Choices

General operating expenses

New program need

Expanded program need

Existing program need

Annual operating budget*

Character Limit: 20

Amount of funding requested*

Character Limit: 20

Purpose of funding*

Choices

- General operating expenses
- Existing program expenses
- New program expenses

If this request is to support ongoing operational expenses, please explain the need.

Character Limit: 3500

If this is a new program, briefly describe it.

1. Project description
2. What is its total cost?
3. How much money do you need from The Health Foundation to implement this project?
4. How do you believe this will positively impact the health and well-being of members of our community?

Character Limit: 1000

What other organizations in the community should we be working with?

Briefly explain why (one or two sentences).

Character Limit: 100