**VT Community Health Equity Partnership**

**Community Project Funding to Address Health Inequities:**

# Funding Application

**Deadline: Midnight on September 9, 2022**

Funding is intended to assist NEK Prosper! Caledonia + Southern Essex Accountable Health Community to address health inequity(s) experienced in the St. Johnsbury District which were exacerbated during COVID-19, and which are described in a Data Driven Problem Statement as: *Due to stigma, marginalization and systemic inequalities, not everyone in Caledonia and Southern Essex Counties has fair and just opportunity to prosper (be financially secure, mentally healthy, physically healthy, well-housed and well-nourished), nor safe, accessible and inclusive opportunities to participate in planning and decision-making about the health and well-being of themselves, their families and their communities. This is true particularly for those experiencing stigma, marginalization and avoidable systemic inequalities associated with socioeconomic status; race, ethnicity and culture; sexual orientation and gender identity; visible and invisible disabilities; trauma, mental health and substance misuse disorders, and justice-involvement.*

NEK Prosper! is interested in supporting projects which help us achieve a Vision of prosperity for *all* and our Aspiration to build our collective and community capacity to dismantle systemic inequality and marginalization, foster community leadership and community-driven solutions and ensure fair and just opportunity to health and prosperity.

1. **Type of Applicant:**

**\_\_\_Non-profit Organization \_\_\_Group/Association^ \_\_\_Individual\* \_\_\_Other** (please describe):

1. **Name of Applicant** (organization, group, individual)**:**

**^If you operate under the umbrella of a larger organization** (for example, [the Hub](https://www.stjcommunityhub.org/) operates under Umbrella)**, please provide the name of the organization:**

**\*If an individual, please provide the name of your fiscal sponsor organization:**

1. **Applicant’s** (organization or fiscal sponsor as applicable**) Street Address** (Street/Road, City, State, Zip Code)**:**
2. **Primary Contact Person Name** (for project):
3. **Primary Contact Person** (for project) **Email Address:**
4. **Primary Contact Person** (for project) **Preferred Phone Number:**
5. **Tax Identification Number** (organization or fiscal sponsor as applicable):
6. **Amount Requested** (no less than $2,500 or more than $50,000):
7. **Schedule of Work:**
* Start Date:
* End Date (no later than May 31, 2023):
1. **Project Name** – Provide a one-line name for your project:
2. **Project Purpose Summary** – Provide a short three to four sentence summary of the purpose of your project:
3. **What Vermont town(s) will be directly served by your project?**
4. **Describe the Project -** the work you’ll do, the overall timeline and how you’ll use the requested funds (will also need to attach a Project Budget – see example on Page 3) (funded portion must be complete by May 31, 2023) (no more than 1,500 characters):
5. **Describe the Focus Population** (who will benefit?) (no more than 500 characters)**:**
6. **Describe how this project was identified or designed by the intended beneficiaries** (no more than 500 characters)**:**
7. **Describe the Project Goals and Desired Results** (what will success look like?) (no more than 500 characters)**:**
8. **Identifying milestones provides a way to monitor the progress of your project and make course corrections, if needed. When and how will you identify milestones for this project?** (no more than 1,500 characters)**:**
9. **Describe your team** (the project champions and any community partners you are working with / intend to work with to achieve these results**). If not yet working with these partners, please describe your plan to outreach and engage these partners** (no more than 1,500 characters)**:**
10. **Please explain how the intended work may positively impact the data driven problem statement and/or help NEK Prosper! achieve our Vision and Aspiration described above** (no more than 1,500 characters)**:**
11. **(Optional) Feel free to provide additional information you think may be useful to the reviewers in evaluating this application. What else should we know about the project that we didn't ask?** (no more than 1,500 characters):

|  |
| --- |
| **VT Community Health Equity Partnership****Community Project Funding to Address Health Inequities:** Project Budget Example |
|
| **Organization/Group/Grantee Name: Example Group** |
| **Title of Project: Resident-Led Healing Circles and Symposium** |
| **Expense Category\*** | **Description** | **Request** | **Please note any other secured funding or in-kind donation toward expenses for Project**  |
| **Staffing**  | Project Coordinator - 20 hours/week @$18/hour for 20 weeks = $7,200 Resident Leaders and Circle Keeper Stipends - 5 @ $500 each = $2500 |  **$ 9,700**  | 2 Resident Leaders are volunteering their time |
| **Consultants** (legal fees, trainers, graphic design, etc.) | Graphic designer - $500, Keynote speaker - $500 |  **$ 1,000**  | Keynote speaker discount of 50% or $500 |
| **Materials & Supplies** (printing, books, art supplies, building materials, etc.) | Symposium event supplies - $1000 |  **$ 500**  | Example Foundation mini grant of $500 will be used for the other half of expenses |
| **Travel**  | Mileage to and from Training and Symposium |  **$ 500**  |   |
| **Other** (fees for conferences, trainings etc.) | Project Coordinator and Resident Leader training in Circle Practice - 8 @300 each |  **$ 2,400**  | Symposium space at NVU donated - $500 |
|  | **Total Request** | **$ 14,100** | Total In-Kind or Other Funding = $2,500 |
| \*If a category is not applicable, please leave it blank |