

Community Fund - Health & Human Services

Akron Community Foundation

APPLICANT TYPE

FIMS ID #*

Character Limit: 12

Are you a first-time applicant?*

Choices

No

Yes

Are you using a fiscal sponsor?*

For more information on how to apply using a fiscal sponsor please refer to this article.

Choices

No

Yes

REQUEST TYPE

Type of request*

In general, Akron Community Foundation prefers requests that are for program/project purposes. Yet, we welcome requests that address our community's most pressing needs.

Choices

Program/Project

Operating

Other

REQUEST TYPE - OTHER

What type of request is this?*

If not an operating or program/project request, what type of request is this? Please specify.

Character Limit: 100

PROPOSAL INFORMATION

Amount Requested*

To impact the greatest number of Summit County residents, Akron Community Foundation distributes its Health & Human Services grants to a wide range of nonprofits each year. Nonprofits who are awarded funding receive an average of \$8,000. You can review our Health & Human Services grant history [here](#).

Character Limit: 20

Proposal Name*

This is the name of your proposal. **Begin the proposal's name with "to support..." or "for..." (i.e. "to support Summit County outreach or "for general operating support").** We use the proposal name on our press release to describe what the grant award is for, and in our financial database to also track what the grants awarded were for. **The Proposal Name will be used in a sentence which is why it is important you only capitalize proper nouns and follow the format requested.**

Character Limit: 200

Proposal Description*

Describe your proposal. This is where you **concisely** share what you are proposing to do with requested funds. This narrative may be seen by other potential funders and donor-advised fundholders, so please only include the most important aspects of your request. (**Pro tip:** Think elevator speech addressing the "**what, who, when, where, and how.**" The "why" will be answered later.) If you run out of space, use the question at the bottom of the application to add more information.

Character Limit: 700

FIMS Description

Character Limit: 250

Number of People to be Served*

Share the number of people to be served by this proposal. Estimate unduplicated individuals.

Character Limit: 10

Description of Target Population(s) to be Served*

Describe the population(s) being targeted as the intended beneficiary of support and services provided with requested funds. Consider the following characteristics: age, gender and sexual identity, ethnic and racial groups, social and economic status, work status. **See this Candid article for examples.**

Character Limit: 250

Who are your key partners and how do you collaborate with them?*

Character Limit: 500

PROPOSAL INFORMATION - PROGRAM/PROJECT

Anticipated program/project start date*

Tell us when the program/project will begin. **Please note:** Grant distributions are generally made 6-8 weeks after the proposal due date (October 1st).

Character Limit: 10

What makes this program/project unique and what are its strengths?*

Share what makes this program/project unique and share its biggest strengths. This is an opportunity for staff and our committee members to better understand how your program/project fits into collective impact efforts in the county. (**Pro tip:** Think about answering "**why your program/project is needed?**" and share the impact to the community if your program/project seized to exist or did not take place.)

Character Limit: 800

PROPOSAL INFORMATION - OPERATING & OTHER

What makes your organization unique and what are its strengths?*

Share what makes your organization unique and share its biggest strengths. This is an opportunity for staff and our committee members to better understand how your organization's programs and services fit into collective impact efforts in the county. (**Pro tip:** Think about answering "**why your organization is needed?**" and share the impact to the community if your organization seized to exist.)

Character Limit: 800

COMMUNITY NEED

What community need(s) or challenge(s) is your proposal addressing and why?*

Share what need(s) or challenge(s) in our community were identified that are driving the actions outlined in this proposal. What are they and why do we need to address them?

Character Limit: 500

How do you know this need(s) or challenge(s) exists?*

Share experiences or statistics that provide evidence that the need(s)/challenge(s) exist in our community.

Character Limit: 500

How are you addressing inclusion, belonging, diversity and equity in your work?*

Akron Community Foundation is committed to continue to foster a more inclusive, just and equitable community (read our DEI Work Plan here). We seek to support and advance efforts to

overcome racism and prejudice in our community and as a potential partner we would like to learn how this proposal and your organization will help us with this work.

Character Limit: 800

DEFINING SUCCESS

What does success look like for you?*

To answer this question start by thinking: "We will be successful when..." Then tell us what success looks like for this proposal. Ideally this would be shared in one sentence. For example: "We will know we are successful when the rate of people with an opioid use disorder getting medication for addiction treatment increases by 10%."

Character Limit: 500

How do you achieve success?*

Share your process, activities and/or strategies for how you will achieve the success described in the previous question. Think about the tasks/actions that need to take place in order to achieve success. You may list measurable results you expect to achieve (e.g. Provide new clients with team-based care including pharmacist-led medication reconciliation and tailoring; pharmacist-led patient education; collaborative care between pharmacist and primary care provider or cardiologist; and education and medication refill reminder calls).

Character Limit: 800

How will this effort impact the community?*

Share the changes that we can anticipate seeing in our community as a result of this proposal (e.g. The rate of adults experiencing opioid use disorder in Summit County will decrease).

Character Limit: 500

FISCAL SPONSOR INFORMATION

Fiscal Sponsor's Organization Name*

This is the name of the 501(c)(3) organization that will be serving as your fiscal sponsor for this proposal.

Character Limit: 100

Fiscal Sponsor's Mission*

Share the organization's mission for the 501(c)(3) organization that will be serving as fiscal sponsor for this proposal.

Character Limit: 500

Fiscal Sponsor's Organizational Budget*

Upload the organizational budget for the 501(c)(3) organizations that will be serving as fiscal sponsor. We recommend using the **Collaborate** function. See this tutorial for how to use the **Collaborate** function.

File Size Limit: 1 MB

Fiscal Sponsor Letter of Support*

Upload a letter of support from the 501(c)(3) organization serving as fiscal sponsor. The letter should describe how the fiscal sponsor plans to be involved, including management of the funds and level of project oversight.

File Size Limit: 1 MB

ENDOWMENT INFORMATION

Does your organization have an endowment fund?*

Choices

No

Yes

ENDOWMENT AMOUNT

Endowment Size*

Character Limit: 20

ENDOWMENT - HOW TO ESTABLISH ONE

Contact Brian Reitz to learn more about how to establish an endowment fund for your organization or read this article.

ORGANIZATION INFORMATION - FIRST TIME APPLICANT

Organization's Mission*

A mission statement communicates the nonprofit's purpose, what groups it serves, and how it plans to do so.

Character Limit: 300

Evidence of Organization's Overall Effectiveness*

How do you know your organization is good at what it does? Share any awards or accolades your organization, staff or programs have received.

Character Limit: 1000

Office Interviews

As a first-time applicant, you might be invited to participate in our Office Interviews. These are in-person meetings with members of our Community Investment Committee and ACF staff. The Office Interviews offer an opportunity for you to present your proposal directly to the committee and staff. **Please hold October 22 from 3 to 5pm on your calendar.** One of our staff members will reach out to you if you were selected to participate in the Office Interviews. If selected, a representative from your organization is expected to attend the in-person interview. The representative may be joined by an additional member of the organization, a board member, or current or past program participant/constituent.

ORGANIZATION INFORMATION - ALL APPLICANTS

National Taxonomy of Exempt Entities (NTEE) Code(s)*

The NTEE Code is your nonprofit classification. You can import this information from your Guidestar profile by clicking the yellow Candid icon directly above.

Character Limit: 250

Fiscal Year End*

Enter the date when your fiscal year will end.

Character Limit: 10

Organization's Major Funding Sources*

Include your main categories of funding by percentage.

Example: Foundations – 25%; Government – 25%; Earned Income – 25%; Endowment – 15%; Individual Contributions/Fundraisers – 10%

Character Limit: 250

Organizational Operating Budget*

Upload your most current approved or upcoming proposed organizational operating budget.

This budget should include all income and expenses, preferably summarized on one page. Read Candid's *The Basics of Building a Nonprofit budget* article to learn more or click [here](#) to view budget examples.

File Size Limit: 1 MB

Organization's Budgeted Expenses for the Proposal Year*

Enter your projected annual **expenses** as shown on your organizational budget.

Character Limit: 20

BUDGET/FINANCING - PROGRAM/PROJECT

Program/Project Budget*

Upload the program/project budget. Include **all revenue sources** and **expense line items** and differentiate between cash and in-kind support.

File Size Limit: 1 MB

Total Program/Project Budgeted Expenses*

Enter your projected **expenses** as shown on your program/project budget.

Character Limit: 20

BUDGET/FINANCING - OPERATING & OTHER

Previous Year Profit and Loss Statement*

This is a statement showing your organization's previous year's **revenues** and **expenses**.

File Size Limit: 1 MB

ADDITIONAL FUNDING

Funders to whom this proposal has been or will be submitted to.*

List all other additional funding sources. For each funding source, please specify status of request, amount and date received/expected.

Character Limit: 500

How will you sustain the proposed activities beyond this grant?*

Share plans for continuing the activities of this proposal in the future.

Character Limit: 500

ADDITIONAL INFORMATION

What did we miss?

Is there any other information you would like us to know that will help us better understand your proposal?

Character Limit: 2000

Elevator Speech Video Link

Tell us in 3 minutes or less why we should fund your proposal. This is an optional opportunity for you to communicate to staff and committee members the reason for why we should fund your proposal. Please keep it short and sweet. This is not a video production, instead think of it as a voice message with video. Check this article for tips on how to tell your story.

PLEASE NOTE: The video below will be shared with staff and committee members, so please refrain from recording and sharing confidential or sensitive information. Also, please make sure that any client or resident is featured with permission.

Share the link to the video below. You may contact Chris Miller for help with uploading your video to get a link.

Character Limit: 150

ADDITIONAL ATTACHMENTS

Key Staff and Board Members*

Please attach a list of key staff, board members with affiliations, and officers summarized on one page.

File Size Limit: 1 MB

Financial Audit or Statement of Financial Position

Please attach your financial audit. If you do not have an audit, please provide a Statement of Financial Position for the most recently completed fiscal year.

File Size Limit: 2 MB

We make an effort to limit the amount of material our committee members have to review. If you have additional material you would like to submit, please send it to a community investment staff member for review.

John Garofalo at 330-436-5624 or jgarofalo@akroncf.org

Cristina González Alcalá, PhD at 330-436-5626 or cgonzalezalcala@akroncf.org

Mariana Silva at 330-436-5612 or msilva@akroncf.org

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Thank you for your understanding.