# Engage – Healthcare Utilization Application

## Before you Begin

Welcome to Huey and Angelina Wilson Foundation's online grant portal!

At Huey and Angelina Wilson Foundation, we view grant applications in terms of the ways in which your efforts help our community members achieve success. We are less focused on your specific activities, the order in which they occur, or who is doing them. They are important as the input, but they are the means, not the end. We want to know who or what will be different as a result of your efforts - the results for those you serve.

General Advice
- Add **mail@grantapplication.com** and **@hwilson.org** to your safe senders list to ensure you receive all system communications.
- Review the guidelines and complete application before getting started to get an understanding of the flow of information you will provide in each question.
- Please use numbers or asterisks instead of bullets.
- Feel free to copy and paste as needed from any original or previous documents you may have created.
- Many items have word limits. There is a word counter beneath the entry field.
- Please check your typing. This is the information that will be used on all of your organizational documents and presented to the Foundation's Board of Trustees.
- Click the check mark icon to spell check your narrative, if applicable.

## Pre-Application Quiz

Is your organization classified as 501(c)3 tax-exempt by the U.S. Internal Revenue Service?

Please select the parish in which you will primarily provide services.

Please select the Engage goal that you aim to influence:
- Decrease percentage of families who are liquid-asset poor
- Increase healthcare utilization by families below the ALICE threshold
- Decrease recidivism rate

## *Organizational Information*

**Organization Contact Information**

Organization Name: _____  Legal Name (if different): _____

Address: _____  Web address: _____

City: _____  State: _____  Zip Code: _____

Office Phone: _____

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**Organization's Primary Contact**

The CEO/Executive Director of the Organization.

First Name: _____  Last Name: _____

Title: _____  E-mail: _____

Phone (if different from Organization's phone number): _____

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**Project Contact** - *If different from above*.

The person responsible for the programmatic outcomes of this project.

First Name: _____  Last Name: _____

Title: _____  E-mail: _____

Phone (if different from Organization's phone number): _____

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**Other Contact**

Grant Writer or other contact relevant to this request.

First Name: _____  Last Name: _____

Title: _____  E-mail: _____

Phone (if different from Organization's phone number): _____

## *Proposal Summary*

**1. What is the title of this project or program?**
**10 words**
*__Guidance:__ Provide only the title for the project or program for which you are requesting funding (no more than 10 words). You will have an opportunity to describe the project or program in detail later in the application.*

_____

**2. Briefly summarize your proposed program or project.**
**50 words**
*__Guidance:__ Provide a brief description of the project or program for which you seek support, including the overall purpose of the project or program. Details of your project will be described in the following questions.*

_____
_____

**3. What are your project's Start and End dates?**
*__Guidance:__ All projects will start on 1/1/2023. Applicants may request up to three years of funding. Project End Date defaults to 12/31/2023; please change the End Date if you are requesting multi-year funding.*

**Start Date:** _____          **End Date:** _____

**4. What is the total grant amount requested for this program/project? If this is a multi-year request, please include all years.**
*__Guidance:__ Indicate the total amount you are requesting for the project or program you propose. It should be less than or equal to your total project or program budget.*

_____

**5. What is your overall project or program budget?**
*__Guidance:__ Indicate the total, overall budget for this project or program. This should equal the dollar amount stated in the required project budget attachment.*

_____

**6. How much of the overall project or program budget amount have you already secured?**
*Guidance:* *Indicate the dollar amount, out of the total project or program budget, that you already have committed from other sources.*

_____

    **6a. Describe the nature of already secured funding.**
    *Guidance:* *Describe the type of funding that you already have committed from other sources, indicating if other funding sources are provided in-kind, cash or pledges.*

    _____

**7. How will this project be sustained in the long-term? What is the likelihood of achieving this sustainability over the next 24-36 months?**
*Guidance:* *We are interested in understanding how you will sustain any ongoing costs related to the project or program after the end of the grant period.*

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### *Organizational Background*

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**8. What is your organization's mission and vision?**
**100 words**
*Guidance:* *Mission is what you do, and vision is the end state you wish to achieve. Describe how your mission gives you focus and guides your actions and decisions.*

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_____

**9. Please provide a brief history of your organization.**
**250 words**
*Guidance:* *Be sure to include the following: number of years in service, number of employees, number of volunteers, number of board members, and number of participants served annually.*

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_____
_____
_____
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**10. What is your total organizational budget?**
*Guidance:* *In dollars, indicate the total annual organizational budget for your most recently completed fiscal year.*

_____

**11. Is the organization completing this application doing so as a fiscal agent?**
*If your organization is accepting funds on behalf of another organization who will implement the program, check the box and answer Question 12.*
**If no, skip Question 12 and move to Question 13.**
☐*Yes*

*12. If you are a fiscal agent, what is the name, Tax ID and address of the organization you are sponsoring?*
**Guidance:** *If the organization completing this application is a fiscal agent, please provide the official name and mailing address, along with the nine-digit US Tax ID number of the organization that will be responsible for implementation of the project/program being proposed.*

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_____

**13. What have you achieved in the past three years for participants in your projects or programs that are most like the project or program proposed?**
**250 words**
**Guidance:** *Rather than describing your organization, please tell us how many participants have tangibly improved their behavior or condition through your efforts and in what way. Focus on the tangible human gains to which you have contributed for those you serve.*

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**14. What uniquely qualifies your organization to implement this project now?**
**250 words**
**Guidance:** *Help us understand why you are the right group to be doing this work and why now is the right time to be doing it.*

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**15. What, specifically, is the issue that you want to address? Describe the challenge/need and seriousness of the issue.**

**250 words**

*Guidance:* *Provide a brief description of what challenge exists in the community. If you were to take a snapshot of the participants or places **before** you interact with them, describe the barriers and/or challenges you expect the majority of them to face and would have to overcome to achieve success in the program or project. Please include data when appropriate and available.*

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**16. Who will be your participants in the project or program and what are the barriers and/or challenges your participants are currently facing that your project or program will address during the 12-month grant period?**

**250 words**

*Guidance:* *Please tell us with which group(s) of participants you will work and help us understand the level of difficulty you anticipate in helping them achieve success. Describe the persons, groups or places and the challenges they face that are not effectively addressed under current conditions or within existing systems. This may be a general group or a subset of persons whose specific risks or issues are not covered or served adequately by existing systems.*

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**17. In which parish(es) will your project achieve results? Please select all that apply.**

*Guidance:* *Please indicate all the parishes in the Greater Baton Rouge area where your project or program will achieve results. Please note Statewide means individuals throughout the state have an equal opportunity for impact, not simply those in other regions.*

| | | | | | |
|---|---|---|---|---|---|
| ____ | Ascension | ____ | Livingston | ____ | West Baton Rouge |
| ____ | East Baton Rouge | ____ | Point Coupee | ____ | West Feliciana |
| ____ | East Feliciana | ____ | St. Helena | ____ | Statewide |
| ____ | Iberville | ____ | St. James | | |

**18. Where will you provide your programs and services to achieve results?**

*Guidance:* *Please indicate all specific locations, sites, neighborhoods, or schools, as appropriate. If you have not yet secured specific locations, please indicate where you desire to operate.*

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**19. Indicate in a <u>Results Statement</u> the changes in behavior or condition you expect your participants to achieve.**
***Guidance:*** *Structure your result statements like this: By ___(specific date), of the ___(# of participants) we serve, ____(# to achieve) will _____(change in behavior or condition).*
*Include both the number of participants you plan to serve (see question 17) and the number that you predict will achieve the result(s).*
*You should have **one** Results Statement **per Results Trail** (Question 21) completed below.*
*There is a **Guide Sheet** available to help you create a strong Results Statement.*

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**20. How will you verify the changes in behavior and condition for your participants and that your program/project has been successful? What information or evidence will you use to confirm the change has occurred?**
**300 words**
***Guidance:*** *Explain how you will confirm the issue raised in Question 17 has been addressed. You may use simple verification methods that are low effort and low cost, use existing data sources or measuring instruments, observations and reports by others, or, in some cases, self-reported behaviors. Use quantitative and/or qualitative data whenever possible.*

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**21. What <u>Results</u> do you expect your target population to achieve? List the number of individuals who will achieve each respective result.**
***Guidance:*** *Only complete the field(s) of the Results Trail(s) below that are relevant to the proposed project. More than one section may be applicable in some cases. Some boxes will remain blank or zero.*
*You should complete **one** Results Trail for **each Results Statement** provided in Question 19.*

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**Results Trail for Direct Service**
**How many individuals will you serve through Year One of this effort?** ____
***As a result of your efforts, how many individuals below the ALICE threshold will:***
____ Increase their awareness of care options
____ Connect to a new care service
____ Confirm positive change in their health indicators
____ Improve their or their family's health status on a short-term basis through access to care
____ Improve their or their family's health status on a long-term basis through access to care

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**Partnerships and Collaborations**

**How many stakeholders will you engage through Year One of this effort?** ▢

*As a result of your efforts, how many stakeholders will:*

▢ Understand current needs, gaps and barriers facing target population

▢ Express interest in aligning/providing support and resources maximize positive outcomes for target population

▢ Apply one or more best practices and/or collaborate for a seamless continuum of success

▢ Agree on measurable results from the changes

▢ Implement the changes on their own or collaboratively and confirm positive gains for the target population

▢ Communicate results and learnings and encourage additional partners to apply best practices and data sharing

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**Results Trail for Systems Change**

**How many stakeholders will you engage through Year One of this effort?** ▢

*As a result of your efforts, how many stakeholders will:*

▢ Become aware of the ineffectiveness and inequity of current systems negatively impacting formerly incarcerated

▢ Understand specific restrictions in policies and practices create unnecessary barriers for the formerly incarcerated

▢ Express interest in supporting champions and educating others to make changes in policies and practices that improve conditions for the formerly incarcerated

▢ Commit to support champions and educate others to make changes in the law that improve conditions for the formerly incarcerated

▢ Actively support changes in policies and practices that improve conditions for the formerly incarcerated

▢ Encourage others to support changes in the law that improve conditions for the formerly incarcerated

▢ Changes in policies and practices that improve conditions for the formerly incarcerated

**22. What are the core elements of your project that are critical to participants achieving the stated results?**
**500 words**
*<u>Guidance:</u> Your project or program should reflect a coherent strategy to achieve a result. Help us to understand the nuances that make your program different from some other programs.*
*Think in terms of ICED:*

- *Intensity/Duration: How much? How often? For how long?*
- *Comparative Advantages: What makes your program different?*
- *Essential Elements: What must you be sure to always include in your program?*
- *Delivery Strategy: Who? What? Where? When?*

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**23. How will you track success during the grant period? Define quarterly participant milestones you will use to manage progress, and the quarterly key activities you or others will take to help participants accomplish each milestone.**
*Guidance: Activities are what you do, and milestones are the changes in behavior and/or condition your participants achieve. A strong answer to this section includes:*

***Key Activities*** *that include only the major efforts that are required to move the organization or participants to each progress point (e.g., provide outreach to 1,000 persons, provide training for 50, provide 1:1 counseling for 30, provide follow-up and verification for 20).*
***Milestones*** *that reflect progress points that the participants need to achieve in order to be 'on track' to reach the project results (e.g., 50 participants enroll, 30 demonstrate new skills, 20 use skills on their own, 15 achieve the program target).*

*A clear **IF – THEN** relationship between a major project activity and the milestone that defines success for that activity (e.g., IF we provide outreach to 1,000, THEN at least 50 new participants will enroll in the program)*

*There is a **Worksheet** available to help you create strong milestones*

**\*\* Note: All milestones should occur within the <u>12-month Year One</u> grant period.**

**Key Activities**
*"If We…"*
**Quarter 1: January-March**

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**Quarter 2: April-June**

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**Quarter 3: July-September**

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**Quarter 4: October-December**

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**Milestones**
*"Then Our Participants Will…"*
**Quarter 1: January-March**

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**Quarter 2: April-June**

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**Quarter 3: July-September**

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**Quarter 4: October-December**

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## *Key People and Groups*

**24. Who will lead this project? What makes this person well-suited to lead? If that person is not yet on staff, what kind of talent/characteristics will you need to implement this project or program?**
**200 words**
*<u>Guidance:</u> Explain why the project leader is most qualified to achieve the results you seek. We are most interested in the characteristics this person possesses and why s/he are the right person to get your participants to achieve results. If the success of this project is dependent on a person's training or education, be sure to explain the relevance. The project lead may be staff rather than the executive director or CEO.*

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**25. Who are the partners and collaborators critical to your success? What will they provide the project to help your participants achieve your results?**
**250 words**
*Guidance:* *Focus on those groups who have a role in your success and on their commitment to play that role. A partner or collaborator is a group or person whose behavior you do not control, but who must do something for you to succeed and/or to enter a setting.*
- *Describe how the organization will actually work with you on this project and what they have committed to provide to ensure your success.*
- *Demonstrate the strength of the relationship between the partners.*

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**26. What other types of partners or collaborators are still needed for your participants to achieve the results you specified?**
**250 words**
*Guidance:* *If you are dependent upon others outside your organization to help your participants achieve the success you proposed, but you do not yet have partnerships or collaborations in place, please describe with what type(s) of organization(s) you will need to work.*

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**Attachments**
- Below you will find a list of the attachments that are **required** for your application to be considered complete.
- Please be sure to include the organization name on each individual attachment.

The following attachments are **required**:

1. **Responsible Project Director(s)** - Names and qualifications of persons responsible for carrying out the program. Short biographies are acceptable. No resumes, please.
2. **Budget Information** - Detailed project budget and budget narrative, including income sources and expenditures, as well as a list of other requests for funding, including those pending and/or approved. ***If you are requesting multi-year funding, please specify the amount requested from the Foundation for each year.***
3. **Board List** - A list of organization's board members including the board members' principal occupations, a description of the term of office and the rotation schedule for the board.
4. **Financial Statements** – These are **required:**
   a. **Current fiscal year**'s year-to-date operating budget showing budget versus actuals (within the previous two months), balance sheet (statement of financial position), and profit and loss statement (statement of activities);
   b. **Previous fiscal year**'s operating budget showing budget versus actuals (within the previous two months), balance sheet (statement of financial position), and profit and loss statement (statement of activities); and
   c. **Audit** *(if available)* of most recent year (but no older than two years ago).
5. **IRS Determination Letter** - Stating that the organization or its fiscal agent is tax-exempt under section 501(c)3 of the Internal Revenue Code.  Note: Fiscal agents must provide a separate letter stating its willingness to serve in that capacity.
6. **Board Authorization Letter** - Statement from the organization's board of directors authorizing the request and agreeing to implement the project if funded.
7. **IRS Form 990** - The most recently submitted Form 990.

*Optional Letter(s) From Collaborator(s) - Letters from collaborators actively involved in this project.*

*Optional Supporting Material - May include current strategic plan, annual report, brochure or news article.*

**Upload Instructions:**

**Step 1:** Select the type of file you are going to attach from the "Title" dropdown menu below by clicking on the arrow.

**Step 2:** Click on the button marked "Choose File" to search your computer files for the item you want to attach.

**Step 3:** Once you have located the file on your computer, double click on the file, and the file name will appear in the box below marked "File Name."

**Step 4:** Click on the button marked "Upload" to attach your file to this application.

**Step 5:** Repeat steps 1-4 for each document you need to attach.

**Upload**

The maximum size for all attachments combined is 25 MB. Please note that files with certain extensions (such as "exe", "com", "vbs", or "bat") cannot be uploaded.

**After uploading your documents, please take a few moments to review your full application to ensure accuracy.**