

For a brief description of each grant award, please visit www.cthealth.org under "Whom We've Funded."

Grant Awards



Grantee	Amount (in dollars)
1000 Friends of Connecticut (Statewide)	10,000
Asian Family Services, Inc. (Hartford)	35,000
Association of Yale Alumni in Public Health (New Haven)	30,000
Bridgeport Hospital Foundation, Child FIRST (Bridgeport)	212,938 over two years
Bridges...A Community Support System, Inc. (Milford)	75,000 over 18 months
Center for Conflict Transformation, Inc. (Hartford)	15,000
Center for Medicare Advocacy, Inc. (Willimantic)	75,000 over 18 months
Child Health & Development Institute of Connecticut (Statewide)	450,000 over three years
ChildSight® Connecticut (New Haven)	30,000
Citizens for Economic Opportunity (Farmington)	25,000
City of Bridgeport, Department of Health & Social Services (Bridgeport)	10,000
Community Foundation of Greater New Britain (New Britain)	51,500
Community Health Center, Inc. (Middletown)	450,000 over two years
Community Health Services, Inc. (Hartford)	249,940 over two years
Connecticut Association for United Spanish Action, Inc. (Hartford)	25,000
Connecticut Association of Directors of Health, Inc. (Statewide)	116,600
Connecticut Center for a New Economy (Hartford)	60,000 over 18 months
Connecticut Center for Patient Safety (Statewide)	25,000
Connecticut Citizens Research Group, fiscal agent for Health Care for All Coalition (West Hartford)	17,000
Connecticut Coalition for Environmental Justice (Hartford)	50,000
Connecticut Commission on Children (Statewide)	150,000 over two years

Amounts may include multiple grants distributed over various timeframes.

Grantee	Amount (in dollars)
Connecticut Council for Philanthropy (Statewide)	2,000
Connecticut Council for Philanthropy, fiscal agent for Hartford Health Disparities Collaborative (Hartford)	20,000
Connecticut Department of Public Health (Statewide)	599,316 over two years
Connecticut Health Policy Project (New Haven)	50,000 over 18 months
Connecticut Institute for Communities (Danbury)	50,000
Connecticut Primary Care Association (Statewide)	312,615 over two years
Connecticut Voices for Children (Statewide)	463,635 over three years
Council on Foundations (Washington, D.C.)	15,590
Danbury Youth Services, Inc. (Danbury)	5,000
End Hunger Connecticut!, fiscal agent for One Connecticut (Statewide)	7,500
End Hunger Connecticut!	50,000 over 18 months
Fair Haven Community Health Center (New Haven)	449,806 over two years
Families United for Children's Mental Health (Statewide)	50,000 over 18 months
Families United for Children's Mental Health, fiscal agent for Danolas Productions (Statewide)	12,500
FAVOR, Inc. (Rocky Hill)	486,873 over two years
Foundation for Connecticut Women, Inc. (Hartford)	7,000
The Foundation for Educational Advancement, Inc. (Simsbury)	25,000
Generations Family Health Center, Inc. (Willimantic)	125,000 over 18 months
Grantmakers for Effective Organizations (Washington, D.C.)	2,500
Grantmakers in Health (Washington, D.C.)	5,000
Greater Hartford Legal Aid, Inc. (Hartford)	400,000 over two years
Griffin Hospital (Derby)	50,000 over two years
Healthy Divas – Griffin Hospital (Lower Naugatuck Valley)	24,853
Hartford Food System (Hartford)	10,000
Hispanic Health Council (Hartford)	150,000 over 18 months
The Human Services Council (Norwalk)	10,000

Grantee	Amount (in dollars)
Institute of Medicine (Washington, D.C.)	100,000 over two years
La Casa De Puerto Rico, Inc. (Hartford)	10,000
LEARN — The Southeast Mental Health System of Care (Old Lyme)	120,000
Ledge Light Health District (Groton)	50,000 over 18 months
National Medical Association – Connecticut Affiliate (Washington, D.C.)	7,000
Naugatuck Valley Project, Inc. (Waterbury)	60,000
New Haven Public Schools (New Haven)	400,000 over two years
Northwestern Connecticut Area Health Education Center (Middlebury)	62,000
Norwalk Community Health Center, Inc. (Norwalk)	200,000 over two years
One World Progressive Institute, Inc. (Hamden)	10,000
The Connecticut Health Care Online Journalism Project (New Haven)	40,000
Phillips Metropolitan Christian Methodist Episcopalian Church (Hartford)	10,000
Proyecto El Parto, Inc. (New London)	75,000 over 18 months
StayWell Health Center, Inc. (Waterbury)	307,333 over two years
The Watershed Partnership, Inc. (Guilford)	5,000
True Colors, Inc. Sexual Minority Youth and Family Services of Connecticut (Bloomfield)	60,000 over two years
United Community and Family Services, Inc. (Norwich)	50,000 over 18 months
University of Connecticut Health Center (Farmington)	67,366 over 18 months
University of Connecticut School of Dental Medicine (Farmington)	210,490 over 18 months
Witness Project of Connecticut, Inc. (Bridgeport)	15,000
Yale-Griffin Prevention Research Center (New Haven)	25,000
TOTAL	\$7,431,357

Financials

STATEMENTS OF ACTIVITIES	2006	2005
Revenues & Gains		
Interest & dividend income from investments	3,262,134	3,007,475
Net realized investment gains	4,857,789	5,292,919
Net unrealized investment gains	8,767,793	668,421
Total revenue & gains	\$16,887,716	\$8,968,815
Expenses & Losses		
Grants & program-related expenses	9,559,507	4,911,909
General & administrative expenses	613,932	531,743
Investment expenses	546,151	608,054
Total expenses & losses	10,719,590	6,051,706
Change in unrestricted & total net assets	6,168,126	2,917,109
Net assets, beginning of year	135,725,395	132,808,286
Net assets, end of year	\$141,893,521	\$135,725,395

STATEMENTS OF FINANCIAL POSITION	2006	2005
Assets		
Cash & cash equivalents	372,537	682,119
Dividends & interest receivable	60,921	62,213
Prepaid expenses & deposits	40,770	22,189
Marketable securities	146,677,265	139,573,411
Fixed assets, net of accumulated depreciation	113,239	133,832
Total assets	\$147,264,732	\$140,473,764
Liabilities & Net Assets		
Liabilities		
Accounts payable & accrued liabilities	167,165	251,853
Grants payable	5,204,046	4,496,516
Total liabilities	5,371,211	4,748,369
Net assets – unrestricted	141,893,521	135,725,395
Total liabilities & net assets	\$147,264,732	\$140,473,764



Our auditors have rendered an unqualified opinion on our financial statements. Our audited financial statements may be obtained by contacting Foundation staff or by visiting www.cthealth.org under "About Us."

Grant Guidelines

Identifying a good candidate for a Foundation grant

Historically, we have asked applicants to define a problem and provide a solution. Now we are asking them to demonstrate the capacity to solve the problem with programs and actions that lead to systems change — new policies, practices, attitudes, beliefs and behaviors that will improve the well-being of the community or part of the community. How a prospective grantee tells its story is a major factor in how its proposal is evaluated. Competition for Foundation support is fierce. In fact, CHF turns down many good grant applications that do not have a strong systems change component and/or proposed outcomes commensurate with the level of investment.

All CHF application documents are available at www.cthealth.org. Go to “How to Apply” and click on “Application Documents.”

CONNECTICUT HEALTH FOUNDATION GRANT GUIDELINES

In order “to make a difference,” CHF funding must be directed, first and foremost, to organizations and institutions dedicated to effecting positive, sustained change in health systems.

The following guidelines will help prospective applicants:

- Understand the kinds of projects the Foundation does — and does not — fund;
- Evaluate if a proposal is a good match with CHF’s strategic grantmaking objectives;
- Determine how to apply for grant funding; and
- Understand CHF’s grant review and notification process.

TYPES OF GRANTS

CHF awards two types of grants:

- Full proposal — solicited or unsolicited
- Discretionary

Solicited grant proposals or other invitational announcements always describe the problem an applicant is expected to address with regard to one of our three program priorities: oral health, children’s mental health, and racial and ethnic health disparities. These proposals are solicited through a request for proposal (RFP) process.

Unsolicited grant proposals not only respond to one of CHF’s three strategic grantmaking priorities, but also support the Foundation’s overall mission to improve the health of the people of Connecticut. Unsolicited proposals are initiated by prospective grantees, usually not in response to a CHF invitation or RFP.

Discretionary grant proposals are accepted occasionally if they are responsive to CHF’s mission. These grants — not to exceed \$25,000 — are made at the discretion of the Foundation’s President & CEO and/or the chair of the Board of Directors, and/or the chair of the Program Committee.

ELIGIBILITY

CHF funds two types of organizations: non-profit and government/public agencies. Non-profit organizations must have a valid tax exemption status under Section 501(c)(3) of the Internal Revenue Code and be classified as a public charity and not as a “private foundation” under Section 509(a). If a proposal is submitted by an unincorporated organization, collaborative or community project, a fiscal agent with documented tax exempt status is required. A letter of agreement stating the organization’s willingness to act as a fiscal agent must accompany the proposal with signatures from their organization’s chief executive officer, president, or executive director.

CHF does not fund grants for the following:

- Construction, alteration, maintenance of buildings or building space, unless specifically allowed in the instructions for applicants;
- Tuition or awards to individuals;
- Billable services supplied by physicians or other providers;
- Capital projects, endowments, or chairs associated with universities and medical schools;
- Projects that do not benefit Connecticut residents; and
- Lobbying or influencing the outcome of specific municipal, state, or federal legislation or elections.

Grant Proposal Process

CHF's grant application process has two phases. The first requires the submission of a concept paper that briefly describes the proposed work to be completed under the grant. If the concept paper meets the expectations of CHF, the applicant will be invited to participate in the second phase of the application process — the full proposal.

Phase I: Concept Paper

This is a two-page summary of the proposed project highlighting the importance of the issues to be addressed. It includes the following:

- A brief introduction to the organization requesting funding that specifically states why it has the capacity and expertise to address the proposed issue;
- A brief discussion of the issue to be addressed and the goals, objectives, outcomes, and strategies to be used to achieve the proposed outcomes;
- A timeline illustrating what is to be achieved over the life of the project; and
- An estimate of the total funds needed to successfully implement the project, the amount being requested from CHF, and where appropriate, a list of other sources of funding (both actual and/or requested).

Concept papers assessed to “add value” to the Foundation's strategic objectives in any of its priority areas — oral health, children's mental health, and racial and ethnic health disparities — may be invited to submit a full proposal. Responses to concept papers are usually provided within two weeks of being received.

Phase II: Full Proposal

Applicants who have completed the concept paper and have been invited to submit a full proposal are required to submit the following:

- A cover sheet
- Logic model worksheet
- Budget worksheet and budget justification and
- A proposal narrative.

Full proposal forms and the narrative must be single-spaced and typed in a readable 12-point font. The narrative must not exceed 10 pages (see “Proposal Elements” below for requirements). Full proposals exceeding page limits or missing required forms will not be reviewed.

Proposal Elements

Full proposals must include the following sections:

- 1. Cover sheet** [available on www.cthealth.org]: Submit the required contact information in the format provided on the cover sheet.
- 2. Executive summary** [not to exceed one page]: This section provides an overview of the issue(s) to be addressed; proposed goals, objectives, approaches and outcomes; the project's evaluation method; and grant amount requested. The executive summary must include an “impact statement” that briefly describes the end result of the project.

Potential applicants are strongly encouraged to discuss project ideas with CHF's Vice President of Program & Evaluation William Crimi (will@cthealth.org) prior to submitting a concept paper.

3. Relevance of the proposed project [not to exceed two pages]: Applicants must provide an explanation of the relevance of the project in relation to at least one of CHF's priority areas and/or illustrate how the project will increase access to oral health care, improve the children's mental health system, or have an impact on at least one racial/ethnic health disparity.

4. Program narrative [not to exceed five pages]: This section provides background on the issue(s) to be addressed. In addition, an applicant should:

- Illustrate the organization's understanding of the issue(s) or condition(s) to be addressed by providing relevant data or research to support the need to address the issue(s) and the strategy selected for intervention.
- Discuss why the organization has the capacity and expertise to address the issue(s) or condition(s). Rather than simply presenting an organization's history, help CHF understand why and how the organization is prepared and has the expertise to respond to the issue(s) it proposes to address.
- Describe the applicant organization's commitment to cultural and linguistic competence. Explain how the applicant strives to increase its cultural and linguistic competence through policies, practices and procedures. Where appropriate, please provide clear examples.
- Articulate anticipated outcomes of the project for which funds are being requested. Present a discussion of the specific program activities or interventions that address the proposed objectives. Provide evidence of the effectiveness of the selected strategy (i.e., models described in professional or academic literature). If no such evidence is available, please present a rationale for the selected program, activities, project and/or intervention and describe why the organization believes this approach will be successful.

5. Evaluation [not to exceed one page]: This section explains how the objectives and outcomes will be measured and describes how the organization will know if the proposed project is having the intended impact.

6. Sustainability of effort [not to exceed one page]: This section describes, where appropriate, how the project will be continued at the conclusion of CHF's funding.

7. Logic model worksheet [available on www.cthealth.org]: Develop a logic model within the logic model worksheet. A logic model diagrams "cause and effect" relationships among proposed program inputs (i.e., resources and activities) and expected program outcomes (i.e., objectives and goals).

The logic model describes the availability and use of resources needed/used for the project, the activities to be conducted within the project, and the short- and long-term outcomes.

8. Budget worksheet [available on www.cthealth.org]: Submit the required financial and budget-related information provided on the budget worksheet. Indirect costs of up to 15 percent are allowable for all grants except discretionary grants and those applications requesting "general operations" support. Known also as "overhead" and/or "administrative costs," indirect expenses include expenses necessary for the operation of an organization, such as building utilities and administrative staff.

9. Budget justification [not to exceed one page]: A narrative explanation of the budget line items and their relationships to the goals and objectives of the project.

10. Operating budget: Provide a copy of the organization's operating budget including: a) The most recent audited financial statement; b) A copy of an independent auditor's opinion; and c) A copy of any management letter presented to the board of directors.

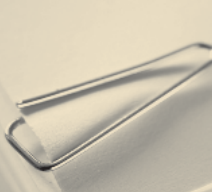
11. Board of directors: Provide the following information about the organization’s board of directors:

- a) A list of board members, including racial/ethnic composition and affiliations;
- b) The frequency of meetings and average attendance over the previous 12 months;
- c) A description of how the board demonstrates its fiscal oversight;
- d) A description of how the executive director is evaluated; and
- e) A copy of the most recent annual report, if available.

Public entities or government organizations must also include an organization chart or table indicating where this project will be located and the division responsible for its implementation.

Ten copies of the proposal and the attachments must be submitted by 5 p.m. on the application due date to: Grants Manager, Connecticut Health Foundation, 74B Vine Street, New Britain, CT 06052. Applications postmarked, but not received at CHF’s offices, on the due date will not be accepted. Emailed or faxed applications will not be accepted.

Deadlines are listed on www.cthealth.org under “How to Apply.”



The Foundation’s application review and approval process includes:

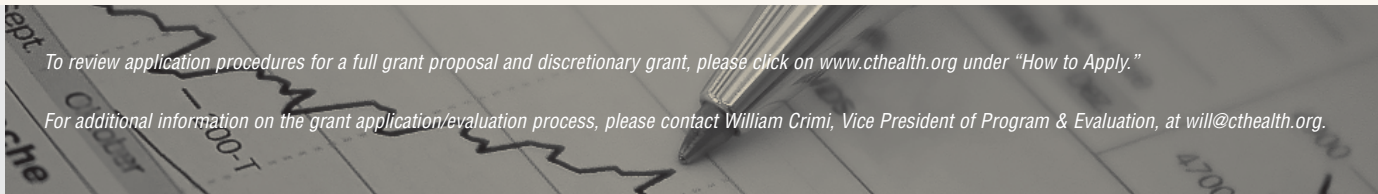
- An internal audit of completed proposals to ensure that all required documentation has been submitted and that each application section is complete.
- A review by CHF staff and external experts to ensure that an application addresses one or more of the Foundation’s three program priorities; is programmatically sound and fiscally responsible; and presents methods that can be measured and evaluated. Reviewers’ comments and opinions are incorporated into recommendations to CHF’s Program Committee.
- A Program Committee that consists of CHF Board members, reviews applications in order to make recommendations to the full Board of Directors.
- The Board of Directors votes whether to accept or reject grant applications at its regularly scheduled quarterly meetings.

The review process takes approximately three months from the application submission deadline date.

Upon receiving an application, CHF’s Grants Manager will send an email to the contact person to acknowledge receipt of the application — and to explain the grant review and notification process. If the Program Committee does not recommend a proposal for approval to the Board or Directors, the applicant will be notified in writing within two business days of the Committee meeting. All applicants whose grant proposals are considered by the CHF Board will receive a written notification of the Board’s decision within 10 business days of its quarterly meeting.

To review application procedures for a full grant proposal and discretionary grant, please click on www.cthealth.org under “How to Apply.”

For additional information on the grant application/evaluation process, please contact William Crimi, Vice President of Program & Evaluation, at will@cthealth.org.



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