

President's Discretionary Grant Application Questions

Provided for your benefit while preparing your proposal or considering applying are the questions asked in the Connecticut Health Foundation's President's Discretionary Grant application. Note that all proposals must be submitted through the CT Health grantee portal (https://cthealth.fluxx.io). Paper applications submitted by email or mail will not be accepted.

To us, health equity means that everyone has the opportunity to be as healthy as possible. We focus on improving health outcomes for people of color because those are the groups whose opportunities to achieve optimal health are the most unequal.

Project Details

- **1.** What barrier to health equity for communities of color are you trying to address? Provide data or research demonstrating the racial or ethnic health disparity you are targeting.

 Character limit: 1500
- **2.** Describe the proposed project. Explain the rationale for your approach to addressing the disparity identified in question one. *Character limit:* 1500
- **3.** What will be accomplished by the end of the project period? What activities will be completed to achieve the project's objectives? In the fields below, outline:
 - Objectives: What do you want to accomplish during this grant? Ensure your objectives are specific, realistic, attainable, and measurable. List up to three.
 Character limit: about 150 each
 - Activities: What are you going to do to achieve your objectives? List up to three per objective. Character limit: about 150 each
 - <u>Timeline</u>: Indicate the start and end date, within the grant period, of each activity.
- **4.** What outcomes do you expect to achieve by the end of the grant period? Character limit: 1500
- **5.** Tell us about your organization. When was it established? How will this project advance your organization's mission? *Character limit: 1500*
- **6.** Describe your organization's ability to effectively implement this project. What makes you well-positioned to undertake it? *Character limit:* 1500

Commitment to Diversity, Equity, and Inclusion

CT Health's commitment to diversity, equity, and inclusion is reflected in our policies. In our work, we support partners who share this commitment.

7. Complete the chart below detailing the racial and ethnic diversity of your organization. The categories come from the <u>National Institutes of Health</u>.

Race/Ethnicity Diversity Chart Show total number for each	Executive Director	Staff (Excluding executive director)	Board of Directors	People Served
African American/Black				
American Indian or Alaska Native				
Asian				
Hispanic/Latina/Latino				
Native Hawaiian or Pacific Islander				
White				
Biracial or multiracial				
Total Number				

8. What steps do you plan to take during the grant period to strengthen your commitment to diversity, equity, and inclusion? *Character limit:* 1500

Provide any documentation, policies, and/or procedures that demonstrate this commitment.

Proposed Project Budget

- 1. In column A, indicate funds requested from CT Health and how they will be spent.
- 2. In column B, indicate funds from other grants or contributions, including names of funders, fees for service, and in-kind contributions and how they will be spent.

Column A

Column B

Column C

3. Add columns A and B to show the total project budget in column C.

Use the lines that are relevant to your project. Leave budget lines blank if there are no applicable expenses or funds.

	Column A	+ Column B	= Column C
Revenue	CT Health funding	Other support	Project budget
Funds requested from CT Health			
Fees for service			
Other grants/contributions			
Total revenue & support			
Expenses Personnel expenses:			
Full-time staff (#) salary & wages			
Part-time staff (# and % FTE)			
Fringe benefits (@ %)			
Agency sub-contractors			
Consultants			
I. Total personnel expenses			
Other than personnel expenses to support the project:			
Stipends			
Rental facilities for meetings/events			
Equipment			
Postage / Telephone			
Printing / Copying			
Supplies / Materials			
Travel / Lodging			
II Total other than personnal evnences			
II. Total other than personnel expenses III. Indirect costs (ex: rent, utilities)			
(no more than 15% of all projected expenses)			
(an projected expended)			
Total expenses (I + II + III)			

Budget Narrative

Explain the budget line items and their relationship to the goals and objectives of this project. If applicable, indicate other sources of funding – both committed and pending.

Character limit: 1500