

BROOKLYN HEALTH EQUITY FOUNDATION

Grant Application Contact Sheet

Full Legal Name of Organization:

Street Address:

City:

Zip Code:

Phone Number:

Office E-mail:

Organization President/Executive Director

Name:

Title:

Phone Number:

E-Mail:

Primary Contact Person

Name:

Title:

Phone Number:

E-Mail:

Organization Information

501 [c] [3] Yes [] No []

If 501 {c} {3} – Tax ID Number: _____

Total Organization Budget: _____

Year incorporated: _____

Number of people served: _____

Gender Served: _____

Ethnicity Served: _____

Number of Paid Staff: _____

Number of Volunteers: _____

Program/Project Name: _____

Program Budget: _____ Request Amount: _____

Program Start Date: _____ Program End Date: _____

Geographic Area Served by this Program/Program:

Grant Proposal Application

Instructions:

In a separate Word or Pdf document, please answer the following 11 questions. Please send that document along with the rest of the application to grants@bhefoundation.org

1. **Overview of Organization – Describe your organization.**
2. **Organization Capacity – Describe an organization's history and experience in implementing proposed or similar projects.**
3. **Describe community needs.**
4. **Describe geographic area served by this program.**
5. **Goals and Objectives – Describe goals and objectives.**
6. **Describe activities and program plan.**
7. **Delineate timeline for completion of activities.**
8. **Describe staffing.**
9. **Evaluation/Outcome - Describe evaluation and expected impact/outcome.**
10. **Projected Budget for this Program/Project.**
11. **Describe other sources of funding for this project, if any.**

Certification of this Grant Application

I certify that all information submitted in this application is true to the best of my knowledge.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Brooklyn Health Equity Funding Guidelines

- 1) Brooklyn Health Equity funding focuses on education and advocacy related to programs/projects in Brooklyn, New York only.
- 2) Community Health Need
 - a. Must meet a health need in the Brooklyn community.
 - b. Provide adequate data from NYCDOHMH and other sources to support the need.
- 3) Program Design – strategy must be realistic in addressing the need.
- 4) Evaluation – Show how proposed program/project demonstrates the desired impact.
- 5) Experience and Background – Show how the organization has experience that demonstrates ability to implement the proposed project.
- 6) Experience with the Community – Demonstrate the applicant's experience with the underserved communities that the project intends to serve.
- 7) Financial Sustainability
 - a. Demonstrate that the organization is financially sound.
 - b. Demonstrate that the organization will be able to maintain its fiscal operations and provide BHE financial reports and documentation for the use of the funds.
 - c. Provide the latest financial audit.
- 8) Proposal request may not exceed \$20,000.00.

Proposals will be reviewed as they come in.

E-mail completed applications to: grants@bhefoundation.org

Direct inquiries to: Gabrielle Kersaint at gkersaint@bhefoundation.org