

Phase II Activation Fund Application Cover Sheet

Organization Information:		
<i>Organization's Legal Name:</i>	<i>EIN #:</i>	<i>Application Date:</i>
<i>Organization CEO/Executive Director Name:</i>	<i>Email:</i>	<i>Phone:</i>
<i>Fiscal Sponsor Organization (if applicable):</i>	<i>EIN#:</i>	<i>Website:</i>
Proposed Project Information:		
<i>Project Title:</i>		
<i>Project Director Name & Title:</i>	<i>Email:</i>	<i>Phone:</i>
<i>Primary Contact (if different):</i>	<i>Email:</i>	<i>Phone:</i>
<i>Proposed Grant Amount (Target range is \$60,000 - \$125,000):</i>	<i>Total Project Budget:</i>	
<i>Summary of the proposed project (2-3 sentences describing how funds would be used and anticipated impact):</i>		
Attestation:		
<i>I hereby confirm that I have reviewed & approved the information provided on this application and all attachments provided:</i>		
Project Director Signature	Date	
CEO/Executive Director Signature	Date	
Instructions & Application Checklist:		
Please submit a signed copy (electronic signatures accepted) of this form with the materials listed below to info@thfcm.org by 5:00 p.m. on the posted deadline.		
<input type="checkbox"/> 1. Phase II Activation Fund Application form (please limit responses to 7 pages in total, 11 pt. font and 1-inch margins) <input type="checkbox"/> 2. Project Budget form <input type="checkbox"/> 3. Financial Statements for most recent year (audited, if available) or IRS Tax Form 990 <input type="checkbox"/> 4. (If Applicable) Fiscal Sponsor Agreement Form <input type="checkbox"/> 5. (If Applicable) Letters of support from or MOUs with partner organizations <input type="checkbox"/> 6. (If Applicable) Professional estimates or quotes from vendors for equipment/services valued at > \$5,000		
For questions, please contact Jennie Blake, Vice President for Programs, at jblake@thfcm.org or (508) 438-0009 x 6.		
<u>Important!!</u> Please save changes before closing document and rename file with the organization's name & date.		

DEMOGRAPHIC SURVEY

The Health Foundation has had a long-standing commitment to promoting health equity and addressing social determinants of health, including underlying racial, social, and economic factors that affect health. To gain insight on the diversity of communities and organizations within our geographic service area and to gather data to evaluate our grantmaking processes, we are asking applicants to share available demographic information on the organization and the population(s) served. ***We acknowledge that diversity includes a broad range of backgrounds and perspectives, including but not limited to race/ethnicity, gender identity, age, immigration status, sexual orientation, socio-economic status, and physical and mental ability.***

This survey was developed based on the Foundation’s research on best practices in the field of health philanthropy as well as input from previous grantees and community stakeholders. ***Participation is voluntary, and no proposal will be excluded from funding consideration based upon responses to this survey.***

Project-Related Information:

1. Please indicate the primary geographic area for the proposed project (please select no more than three):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> North Quabbin area – CHNA 2 | <input type="checkbox"/> South County– CHNA 5 | <input type="checkbox"/> Other Areas |
| <input type="checkbox"/> Quaboag Hills Region | <input type="checkbox"/> Greater Milford area – CHNA 6 | (please specify) |
| <input type="checkbox"/> Greater Worcester area – CHNA 8 | <input type="checkbox"/> Central MA – all areas | |
| <input type="checkbox"/> North Central area – CHNA 9 | <input type="checkbox"/> Massachusetts Statewide | _____ |

2. Please indicate the primary, secondary, and tertiary (as applicable) health/social determinant of health issue(s) to be addressed by the proposed project. Please select one box per issue and no more than three issues in total.

- | Primary | Secondary | Tertiary | Primary | Secondary | Tertiary |
|--------------------------|-----------|------------------------------------|---------|--------------------------|---------------------------|
| <input type="checkbox"/> | | Primary Care/Medical Care | | | Food Insecurity |
| | | Mental Health/Substance Use | | | Children & Youth |
| | | Oral Health | | <input type="checkbox"/> | Senior Care/Healthy Aging |
| | | Public Health Promotion | | | Workforce Development |
| | | Homelessness/Housing | | | Community Development |
| | | Education | | | Transportation |
| | | Abuse/Exploitation | | <input type="checkbox"/> | Environmental Justice |
| | | Criminal Justice | | | Other (please specify): |
| | | Intellectual/Physical Disabilities | | | _____ |

3. Is the primary population of focus for the project representative of one or more of the following historically marginalized populations? Please select no more than three in total.

- People who are Black, Indigenous, and/or People of Color (BIPOC)
- People who are immigrants, migrants, or refugees
- People who are low-income (*with incomes ≤ 200% of the Federal Poverty Level*)
- People who live in an under-resourced rural community
- People who have a disability (intellectual or physical)
- People who identify as LGBTQ+
- People who are/were incarcerated
- People for whom English is not their primary language
- People who are seniors
- People who are veterans or active military personnel
- Other (*Please describe*): _____

Organizational Information:

4. Does the leader of the organization identify as (please check any that apply):

- African American/Black/Person of African descent
- American Indian/Alaska Native/Indigenous/Native American
- Asian/Asian American/Southeast Asian/South Asian
- Latino/Latina/Hispanic
- Middle Eastern/Arab/North African
- Multi-racial/Multi-ethnic
- Native Hawaiian/Pacific Islander
- White/European American/Eastern European
- Decline to answer
- Other (*please describe*): _____

5. Does your organization have representation from the population(s) it serves on its senior leadership team, Board of Directors, or through a community advisory board? *Please check any that apply.*

- Yes, on the senior leadership team
- Yes, on the Board of Directors
- Yes, through a community advisory board or committee
- No, not at this time

6. What are the primary, secondary, and tertiary (as applicable) racial/ethnic backgrounds of people currently served by the organization based upon self-reported data? Please check only one box per line, and no more than three in total.

Primary Secondary Tertiary

- African American/Black/Person of African descent
- American Indian/Alaska Native/Indigenous/Native American
- Asian/Asian American/Southeast Asian/ South Asian
- Latino/Latina/Hispanic
- Middle Eastern/Arab/North African
- Multi-racial/ Multi-ethnic
- Native Hawaiian/Pacific Islander
- White/European American/Eastern European
- Other (*please describe*): _____

7. What, if any, information about your organization’s diversity, equity & inclusion practices would you like to share?

8. Please use the space below to share any additional information or suggestions for improving this survey.