



Community Engagement Grant FY 24-25

Obici Healthcare Foundation

Before You Begin

This application is for Obici Healthcare Foundation's Community Engagement Grant. Community Engagement Grants are one-time*, discretionary grants available to support nonprofit programs and projects that improve the health status of the people living within **the Foundation's service area**.

Requests must proactively address community health needs, encourage physical activity and wellness, increase health awareness and knowledge, or provide public access to critical health resources. The Foundation prioritizes requests that are collaborative and community driven. Nonprofits are encouraged to submit requests that strategically utilize innovative approaches to sustainably improve the community's long-term health.

Applications are accepted on a rolling basis starting April 2024 and reviewed until funds are exhausted. Contingent on the availability of funds, Community Engagement Grant awards typically range between \$500 and \$5000. Applications require 30 days for processing.

***If funded, a maximum of one grant can be awarded to an eligible applicant between April 2024 to March 31st, 2025, or until funds are exhausted.**

The Foundation strongly encourages interested nonprofit organizations to schedule a meeting to discuss their organization's request prior to submitting an application. Click Below to schedule a meeting with Kelvin Turner II (Program Officer).

SCHEDULE PRE-SUBMISSION MEETING →

If you are unsure which opportunity to apply for or in need of technical assistance, please contact our Grants Administrator:

Logan Crews
LCrews@obicihcf.org
757-539-8810

- Please click on all of the tabs and complete the fields that apply to you.
- Required fields are marked with an asterisk * and must be completed prior to submission.
- The SAVE button is at the bottom of the application.
- Once the application is complete and all required documents are uploaded, make sure you select the SUBMIT button to send the application to the Foundation.
- Please add administrator@grantinterface.com to your safe sender list to ensure you receive all system communications.

Before Beginning, Please Check the Box Below to Confirm that You have Read the Section Above*

Choices

Yes

Organization Information

Tax Status*

Choices

501(c)3

501(c)6

509(a)1

Governmental Agency

Private Non-operating Foundation

Private Operating Foundation

Community Foundation

Suspense

Mission Statement*

Character Limit: 500

What is Your Organization's Website?

Character Limit: 2000

What is Your Organization's Facebook?

Character Limit: 2000

Which City and/or County is Your Organization Physically Located?*

Choices

City of Franklin

City of Suffolk

Gates County
Isle of Wight County
Southampton County
Surry County
Sussex County
Outside Western Tidewater

Project Information

Program or Project Name*

Character Limit: 250

Internal Program Area*

Choices

Strengthening the Safety Net
Maternal Child Health
Healthy Behaviors
Early Childhood Education
Capacity Building
Community Engagement Grant

What is the Focus Area of Your Program or Project?*

Choices

Access to Healthcare(Mental, Physical, or Dental)
Capacity Building
Early Childhood Education
Healthy Behaviors (Physical Activity, outdoor spaces, etc.)
Other

What Type of Program or Project?*

Choices

Clothing Drive
Food Drive
Fundraiser
Health and Wellness Event
Medical Screenings
Other

If You Checked Other in the Previous Question, Please Describe What Type Of Program or Project?

Character Limit: 100

Program or Project Start Date*

Character Limit: 10

Program or Project End Date*

Character Limit: 10

**If Doing as Series of Programs or Projects, Please List all Dates Offered.
(MM/DD/YY)**

Character Limit: 100

Where Will the Program or Project Take Place?

Please Select All That Apply From the List Below

Choices

- City of Franklin
- City of Suffolk
- Gates County
- Isle of Wight County
- Southampton County
- Surry County
- Sussex County
- Other Location
- Not Determined at This Time

Which Cities and/or Counties will Your Program or Project Target Population Primarily Come From?*

Please Select All That Apply From the List Below

Choices

- City of Franklin
- City of Suffolk
- Gates County
- Isle of Wight County
- Southampton County
- Surry County
- Sussex County

Request Amount*

Character Limit: 20

Total Program or Project Budget*

Character Limit: 20

What Target Population Will Your Program or Project Serve?*

Please Select All That Apply From the List Below

Choices

- Birth to 5
- Children (6-12)
- Teens (13-17)
- Adults (18-61)

Seniors (62+)

How Many People will Your Program or Project Serve?*

Character Limit: 10

Brief Description of Program or Project*

How does this program or program impact the target population(s)?

2,500 Characters is between 357 words to 625 words

Character Limit: 2500

Who are You Collaborating with for the Program or Project

2,500 Characters is between 357 words to 625 words

Character Limit: 2500

Required Document

IRS Letter of Determination*

Please submit your letter establishing your 501c(3) issued by the Treasury Department (State Tax Exemption Certificates are not acceptable).

File Size Limit: 5 MB

Optional Attachments

Program or Project Flyer or Invitation

Please be sure to include the location(s), date(s) and time(s) of the program or project as well as the cost of admission.

File Size Limit: 5 MB

Sponsorship Schedule

Please upload, if applicable, the detailed sponsorship schedule that lists requests for logos, signs, program advertisement, etc.

File Size Limit: 5 MB

Other Advertisements or Information

File Size Limit: 5 MB

Certification

I, THE UNDERSIGNED, HEREBY CERTIFY AS FOLLOWS:

- That I am the duly-designated, authorized and acting representative of the named applicant organization;
- That this application has been authorized and approved by the governing board of the applicant organization;
- That I have personally examined the contents hereof, including the responses to questions, assurances, and all appended documents (specifically including, but not necessarily limited to, audit reports and tax returns;), and I have determined all to be true and correct to the best of my knowledge and belief.
- I grant permission to Obici Healthcare Foundation to use my organization's logos, images (photographs and/or video), published/printed information, and any other materials, without further notice, for use in Obici Healthcare Foundation's press releases, publications, email messaging, newsletters, online platforms, publications, and other collateral materials.

Certification Name*

Character Limit: 250

Certification Date*

Character Limit: 10