



## Community Engagement Grant

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*Obici Healthcare Foundation*

### *Before You Begin*

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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 2025 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 2025 to March 31st, 2026, 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 Fiona Charles (Program Officer).

[SCHEDULE PRE-SUBMISSION MEETING HERE](#)

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

Logan Wall  
info@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*

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**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*

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### **Program or Project Name\***

*Character Limit: 250*

### **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+)

Other

## If You Checked Other in the Previous Question, Please Describe The Target Population.

*Character Limit: 100*

## 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*

**Provide a brief summary of the capacity-building activities your group is requesting funding for.**

**\*Please note this question is only for those applying for Capacity Building Support.\***

Consider these guiding questions:

- What opportunity for improvement or strengthening does your organization have?
- Describe any organizational challenges, provide details about previous strategies/work your organization has pursued or investigated, and/or list solution(s) your group is pursuing to address obstacles.
- Who will the capacity-building work support—staff, board members, volunteers?

*Character Limit: 2500*

## Required Document

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### 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

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### 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*

### Event Information

Please upload, if applicable, the detailed event schedule, and any requests for logos, signs, OHF staff engagement, etc.

*File Size Limit: 5 MB*

### Other Information

*File Size Limit: 10 MB*

### Other Information

*File Size Limit: 10 MB*

## Certification

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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 share my organization's application with other grantmaking organizations, if applicable.
- I grant permission to Obici Healthcare Foundation to use my organization's logo, images (photographs and/or videos), published/ printed information, and any other materials, without further notice, for use in OHF's and/or designated partner's press releases, publications, email messaging, newsletters, online platforms, and other collateral materials.

### Certification Name\*

*Character Limit: 250*

### Certification Date\*

*Character Limit: 10*