



OBICI
HEALTHCARE
FOUNDATION

Community Engagement Grant

Obici Healthcare Foundation

Before You Begin

This application is used to request funding through **Obici Healthcare Foundation's Community Engagement Grant and Micro-Capacity Building Grant opportunities**, which support nonprofit organizations working to improve health and well-being in the Foundation's service area. Learn more about the Foundation's service area here: <https://obicihcf.org/who-we-are/#service-area>

The **same online application** is used for both opportunities. Applicants will be prompted to **select the grant opportunity that best aligns with their request within the application.**

Detailed information about the **Community Engagement Grant and Micro-Capacity Building Grant opportunities**, including examples of eligible activities and funding guidelines, is available on our website here: <https://obicihcf.org/how-to-apply/community-engagement-grants/>

Applicants will provide:

- Organization contact information
- General organizational details
- Information about the proposed program, project, or activity

The application includes **multiple-choice, yes/no, short-answer, and click-and-fill questions.**

- The **Community Engagement Grant** includes **two required short-answer questions.**
- Organizations requesting a **Micro-Capacity Building Grant** will complete **three short-answer questions.**

A **Sample Application (PDF)** is available within the grant portal to help applicants prepare their responses and on our website here: <https://obicihcf.org/how-to-apply/community-engagement-grants/>.

Application Review and Processing Timeline

Applications generally require **approximately 30 business days** for review, award determination,

and grant processing. Organizations are encouraged to consider this timeframe when planning their requests, as funding decisions and grant payments may not be available sooner. During the review process, **Foundation staff review requests and may contact applicants if additional information or clarification is needed.**

Application Guidance and Support

We strongly encourage **all applicants — both returning and new organizations —** to schedule a **pre-submission virtual meeting or phone call** to share more about their organization, learn about the Foundation and these grant opportunities, and discuss their request before submitting an application. If you are unsure which opportunity is the best fit for your request, this conversation is a great place to start.

Schedule a meeting with Jessica Mullen, Program Officer:

<https://calendly.com/jmullenohf/community-engagement-grant-listening-and-learning>

If you need assistance with the **online portal, your account, or the application**, please contact:

Logan Wall

Grants Management and Administrative Assistant

info@obicihcf.org

757-539-8810

To access the **Community Engagement Grant and Micro-Capacity Building Grant webpage**, or to log in to your online account, visit:

<https://obicihcf.org/how-to-apply/community-engagement-grants/>

Application Tips and Portal Guidance

As you work on your application, please keep the following in mind:

- Click through **all application tabs** and complete the fields that apply to your organization.
- **Required fields are marked with an asterisk (*)** and must be completed prior to submission.
- You may **save your progress at any time** by clicking **Save** at the bottom of the form and return later to continue working.
- Your draft application will appear on your **dashboard**. Click **Edit Application** to resume working.
- You may **collaborate with colleagues** using the **“Collaborate” button** in the upper right corner.
- Text fields allow for **maximum character limits** to give you flexibility in responding. We do not expect applicants to fill all available space.
- Once your application is complete and all required documents are uploaded, click **Submit** to send your application to the Foundation.

- Please add administrator@grantinterface.com to your safe sender list to ensure you receive system communications.

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

Choices

Yes

Please confirm the organization's payment address is correct before proceeding.*

If the address is incorrect, please contact Logan Wall at Lwall@obicihcf.org or (757) 539-8810 to update it before you can proceed.

Choices

Yes

What type of Community Engagement Grant is this Application?*

Choices

Traditional Community Engagement Grant

Micro-Capacity Building Grant

Capacity Building Question

Have you spoken to a Program Officer about this Program or Project?*

If you have not spoken to a Program Officer about this Program or Project, please reach out to Jessica Mullen at Jmullen@obicihcf.org or (757)539-8810

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

Community Engagement Grant Request Information

Program or Project Name*

Character Limit: 250

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

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

Traditional Community Engagement Grant Request Information

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

Micro-Capacity Building Questions

Capacity Building Question #1*

Describe the work central to your organization's mission, who you serve, the needs you address, and the measurable outcomes and broader impact of your organization's programs and services.

Character Limit: 2500

Capacity Building Question #2*

Who are your primary collaborators, and how do these partnerships support your organization's core work?

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

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: 15 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

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

Opt in for Catchafire Support (Optional)

Obici Healthcare Foundation offers eligible nonprofits free access to Catchafire, connecting organizations with skilled volunteers for support in areas such as fundraising, communications, technology, and more.

If selected, your organization will receive a fully-funded license and onboarding support.

Note: Catchafire access is separate from this application and does not impact funding decisions.

Would you like to be considered?

Choices

Yes, please consider my organization

No, not at this time

We already have access through Obici Healthcare Foundation's support

We already have access through another supporter (Please see next Question)

Please share the organization that provides your Catchafire access:

Character Limit: 100

Future Payment Options*

As of 2025, Obici Healthcare Foundation began offering ACH payment as an option for our Priority Grant partners. We are exploring the possibility of extending this payment option to our Community Engagement Grant partners as well.

This year's Community Engagement Grant payment will still be issued in the form of a check. However, we would like to know if your organization would be interested in receiving future Community Engagement Grant payments via ACH (direct deposit).

Your feedback will help us determine whether to implement this option moving forward.

Choices

ACH

Check

Unsure at this time

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*