2023 Discretionary Grant Application

Grant Information (READ ONLY)

Project Title
Please provide a title for your request
Character Limit: 100

Reference Number
Character Limit: 100

Primary Strategy Area (Goal 1)
Please select the strategy under SLF's goal of closing the health equity gap which best fits with your proposal request.

Choices
Educational Attainment
Financial Stability
Housing Safety & Stability
Social Connections
Healthy Eating, Active Living
SLF Neighborhoods of Choice
Miscellaneous

Primary Strategy Area (Goal 2)
If your proposal addresses a strategy under SLF's goal of advocating for more equitable and responsive policies and practices that reduce the unfair treatment and disparate impact of structures, institutions and systems, please select it here.

Choices
Advocacy/Policy - Health Equity/Social Determinants
Advocacy/Policy - Healthcare Access

SLF Priority Areas 2018-19

Choices
Abate environmental triggers (lead/mold)
Demolition & rehab (SLF neighborhoods)
Thriving commercial corridors (SLF neighborhoods)
Public safety (SLF neighborhoods)
Trauma & toxic stress education/awareness
School/community infrastructure for fresh, local healthy food
Policy efforts involving Medicaid
Voter education in disenfranchised neighborhoods in Cuyahoga Cty
Effective lead legislation
**Grant Start Date**
*Character Limit: 10*

**Grant End Date**
*Character Limit: 10*

**Type of Support**
**Choices**
- General Operating Support
- Program Support
- Capital Support
- Capacity Building

**Discretionary Funding Type (INTERNAL)**
**Choices**
- General
- Miscellaneous - President’s Fund

**Narrative**

**Progress Toward Plan**
What progress was made toward your original plan?
*Character Limit: 4000*

**Evidence of Progress**
What evidence do you have to indicate progress on your plan and outcomes? Please include data collected (if applicable).
*Character Limit: 4000*

**Explanation of Results**
Please explain your results. What did you learn in the course of this grant period? What would you do differently?
*Character Limit: 3000*

**Financials**
For general operating support grants, no budget documents are required.

**Total Amount Spent**
*Character Limit: 20*
Report Budget Form
For grants in support of a specific project, a capital project, or for capacity building, please submit a budget form using your own template.

File Size Limit: 3 MB

Budget Review INTERNAL*
The Grants Manager has reviewed the final budget against the proposed budget and certifies the following.

*For "no", please communicate with the program officer and add further documentation to the record.

Choices
Yes, all funds spent accordingly
No, not all funds spent. Request return.
No, not all funds spent. Budget revision and extension.