2018 Board Application NEW STRATEGY

Saint Luke's Foundation

Request Summary

As of April 2018, SLF has updated its strategy and priorities. Please read more about them here before applying. Also, be sure to read about our criteria for proposals and answer only the questions asked.

Thank you for taking the time to complete our application for grants above $15,000. Please submit your application by **11:59 p.m.** on the deadline date for the cycle.

We have added a feedback question at the end of the application--it is about how many hours it took you to complete this application. We appreciate your honest answer.

If you have any questions or concerns about the application or the process, please contact Grants Manager Kristen Summers at 216-431-8010 or ksummers@stlukesfdn.org

Project Name*

Name of Project

*If you are requesting general operating support for your organization, please enter "Operating Support".*

*Character Limit: 100*

Project Description

Please provide a short description of your project.

*General Operating requests--you may skip this*

*Character Limit: 500*

Total Amount Requested*

*Character Limit: 20*

Payable in Year 1*

Please enter the requested amount requested for year one. If this is a single-year request, this amount should match the total amount requested.

*Character Limit: 20*

Payable in Year 2

For multi-year requests only.

*Character Limit: 20*
Payable in Year 3
For multi-year requests only.

*Character Limit: 20

Term Months Requested*
*Character Limit: 10

Primary Strategy Area (Goal 1)*
Please select the strategy under SLF’s goal of closing the health equity gap that best fits your proposal.

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

Secondary Strategy Area (Goal 1)
If your proposal addresses another strategy under SLF's goal of closing the health equity gap, please select it here.

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

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

Secondary Strategy Area (Goal 2)
If your proposal addresses another 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**
If your proposal addresses one or more of our priority areas for 2018-19, please select them here.

**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

**Type of Support**
Please indicate the type(s) of support you are requesting with this grant proposal.
*Capacity building examples include: leadership development, improving evaluation and outcomes measurement, enhancing advocacy involvement, improving communications and collaborations.*

**Choices**
General Operating
Program/Project Support
Capital Support
Capacity Building

The Foundation provides grants to organizations supporting Cuyahoga County’s underserved communities. The Foundation does not fund projects outside Cuyahoga County that do not directly benefit Cuyahoga County residents.

If your project directly serves residents in one or more of the three SLF footprint neighborhoods, please select them below.

**SLF Footprint Neighborhoods**

**Choices**
Buckeye/Shaker
Mt. Pleasant
Woodland Hills

**Renewal or New**
Please indicate whether this is a renewal grant (we have funded an iteration of this project before) or if this is a new request.
If your organization has received funds from us before, but for a different project, please indicate "new."

**Choices**

Renewal
New

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**Organization Details**

The questions in this section will help us get to know your organization and its successes.

*The character counts are limited, so please keep your responses as succinct as possible. Do not feel that you have to fill the space.*

**Mission Statement***

Please include your organization's mission statement.

*Character Limit: 250*

**Mission Achievement***

How does your organization work toward achievement of your mission?

*Character Limit: 2500*

**Client Feedback***

How do you employ client feedback into program design?

*Character Limit: 1500*

**Diversity, Equity & Inclusion***

What is your overall organization's understanding of Diversity, Equity and Inclusion, and how are these values incorporated into your work? You may also specifically mention the project.

*Character Limit: 1500*

**Potential Challenges***

What are the current and potential challenges that could be barriers to success of the organization and/or project proposed, either internally or externally?

For example: "We are expecting the end of a large grant from ABC Org, so we will have to make up the funds from elsewhere."

or

"Our longtime CEO is planning to retire, and we have not yet done succession planning."

or

"We are expecting major policy changes that will affect our services."
Top Funders*
Please include a list of the top ten funders/sources of income of your organization and the amounts they funded in the past year. *Individual donors do not need to be mentioned by name.*

Proposal

Project Rationale/Problem Statement*
What is the need to be addressed?

Population Served*
Please describe the population you are planning to serve with this grant request. *You may include details on demographics and/or geography.*

Update on Previous Funding
*ONLY FOR THOSE APPLYING FOR RENEWAL GRANTS*
Please update us on the previous grant received from Saint Luke's Foundation.

Responsible Staff*
Please describe the full-time/part-time roles involved in the project and specifics about the staff responsible.

Implementation Plan*
How do you propose to address the need described above and what is the timeline for doing so?
*Please answer this question using a bulleted list including a time frame as applicable (month/year).*
*For General Operating requests, please include the activities you would undertake to further your organizational outcomes.*

Partners and Collaborators*
Please include bulleted list of your partners and their roles.
*If you have only one major partner, you may use the space to expound on their role.*
These next several questions have to do with the intended results of this project. Only one set of intended outputs/outcomes/measures of success is required; however, you may add up to five sets total, if applicable.

**Outputs** = Tangible and direct results of program activities *(e.g. number of participants, service hours provided)*
**Outcomes** = Observable, measurable changes stemming from outputs *(e.g. change in behavior, condition, or learning)*
**Measures of success** = Tools used to determine outputs and outcomes *(e.g. survey items, focus groups, interviews, observations)*

**Intended Output #1**
*Character Limit: 250*

**Intended Outcome #1**
*Character Limit: 250*

**Measures of Success #1**
*Character Limit: 500*

**Intended Output #2**
*Character Limit: 250*

**Intended Outcome #2**
*Character Limit: 250*

**Measures of Success #2**
*Character Limit: 500*

**Intended Output #3**
*Character Limit: 250*

**Intended Outcome #3**
*Character Limit: 250*

**Measures of Success #3**
*Character Limit: 500*

**Intended Output #4**
*Character Limit: 250*

**Intended Outcome #4**
*Character Limit: 250*
Measures of Success #4  
*Character Limit: 500*

Intended Output #5  
*Character Limit: 250*

Intended Outcome #5  
*Character Limit: 250*

Measures of Success #5  
*Character Limit: 500*

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**Required Documents**

**Board List***  
Please upload a list of your board members, excluding any personal contact information.  
*File Size Limit: 2 MB*

**Organization Chart***  
Please upload your organizational chart, including names and titles.  
*File Size Limit: 2 MB*

**Audited Financials***  
Please submit your most recent organizational audit, along with the auditor's management letter (or memorandum of internal controls). If you do not have an audit, please submit a letter from your financial advisor indicating the current financial status of your organization.  
*File Size Limit: 5 MB*

**Project Budget and Narrative**  
Please upload a budget, in your own format, for the project or capital request.  
Also, in the box below or in the document, please provide information on any other funders for this project and the amounts they have committed or are pending.  
*Character Limit: 2500 | File Size Limit: 3 MB*

**Organization Budget***  
Please upload the overall budget of the organization. Also, in the box below, please describe the financial health of the organization, including any anomalies.  
*Character Limit: 2500 | File Size Limit: 3 MB*

**Organization Budget Total***  
What is your organization's total operating budget?  
*Character Limit: 20*
Strategic Plan
If your organization has a strategic plan or any other pertinent plan, please upload it here.

File Size Limit: 3 MB

Optional Documents
You may upload any additional documents here (must be one file).
You can attach only one file at a maximum of 5MiBs. To merge several PDFs together for free, please visit I Love PDF.

File Size Limit: 5 MB

Feedback to Saint Luke's

Hours Required*
Approximately how many hours did it take you to complete this grant application? Please include the time it took to prepare any documents you needed for this specific application.

Choices
0-5 hours
6-10 hours
11-15 hours
16-20 hours
20+ hours