Frequently Asked Questions

Question: May our non-profit organization submit multiple applications for different projects?

Answer: This grant opportunity is accepting only one application per organization. However, your project could be expanded or adapted. After submitting your proposal, we may contact you to assess whether your needs/priorities have changed and whether we can provide additional resources.

Question: What types of projects are most likely to be funded?

Answer: Applications will be reviewed based upon the priorities outlined on page four of this Request for Proposals (RFP). **Examples of previously awarded** technical assistance projects include grant writing and development capacity, strategic and business planning, feasibility studies, HR resources such as employee/board handbooks, staff development, knowledge building, and financial management support.

Question: Can I request funds to support staff salaries/payroll?

Answer: This Fund does not provide grants for payment of salaries or benefits of employees or volunteers.

Question: We are a large mainstream organization doing work on behalf of the BIPOC communities. Are we eligible to apply?

Answer: This fund is designed to attract resources to historically disadvantaged communities by building the capacity of grassroots efforts where leadership is reflective of the community served. We are prioritizing these organizations.

Question: I am a nonprofit organization that needs a Fiscal Sponsor. What information do I need to submit if awarded a grant?

Answer: You need to submit the W-9 Form of your fiscal sponsor. In addition, the contact information of your Fiscal Sponsor's signer is required since the Grant Agreement will be sent to them for their signature. You will receive a copy of the Grant Agreement.

For additional questions, please contact:

Rocio Wofford, EHF Senior Program Associate <u>rocio@empirehealthfoundation.org</u> (817) 983-3490 Ash Riant, Technical Assistance Coordinator <u>ash@propolisinnovations.com</u> (312) 961-3307



Definitions of Frequently Used Terms

By-and-for Organizations – These organizations are community groups where leadership and decision making authority is held by people who represent the community they work in and belong to. We believe it's important to prioritize working with people and organizations that are intimately tied to the communities they serve and that investing directly in people who are of community is an important way to build community power.

Capacity Building - The process of developing and strengthening the skills, abilities, strategies, and resources that organizations and communities need to survive, adapt, and thrive in a fast-changing world.

Community – For us, community means a group with a shared sense of identity and belonging, and possibly of history and culture. A community can be defined by geography, race, culture, religion, sexual orientation, gender identity, or other shared lived experiences. Our priority will be on communities that have been under-supported by systems in our region and have been subject to persistent health inequities.

Fiscal Sponsor – A non-profit organization that provides fiduciary oversight, financial management, and other administrative services to another entity to provide public benefit to a community. This sponsorship must be codified through a formalized agreement outlining the terms of the relationship and the services which will be provided.

Grassroot Organizations – Organizations that were created within a community and continue to be guided and responsive to the community they sprang from. We value the bottom-up structure of grassroots organizations and movements that elevates community concerns and works on behalf of community towards shared visions of health and prosperity.

Health equity – Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care. Our commitment to health equity requires us to recognize the specific histories, cultures, and circumstances of the communities we serve and to engage the strength, supports, and successes that exist within each of those communities.

Health inequities/disparity – *Preventable differences in the burden of disease, injury, violence,* or opportunities to achieve optimal health that are experienced by persistently marginalized populations.

Historically Disadvantaged Community - Groups that have been socially, economically, or educationally underprivileged by past discriminatory laws or practices.

Service Region – Our service region is comprised of the seven counties of Adams, Ferry, Grant, Lincoln, Pend Oreille, Spokane, Stevens, and Whitman, and the lands of the Colville Confederated, Kalispel, and Spokane Tribal Nations.

