

COMMUNITY DRIVEN CHANGE

Equipping Communities to Achieve Their Health Priorities

Letter of Intent and Application Questions

Letter of Intent Questions

Organizations intending to apply for the Community Driven Change funding opportunity must **submit an initial letter of intent (LOI) by 5:00 p.m. CDT on June 28, 2024**. LOIs will be reviewed for compliance with eligibility criteria and alignment with the goals of this open call.

How did you learn about this funding opportunity?

- Email from St. David's Foundation
- Social Media
- News Story
- Advertisement
- Peer or Colleague
- Other _____

Impact on Central Texas

Identify the county where your organization is located and provide a description of the Central Texas counties in which your organization works.

Primary County Served

Select the primary county of focus for your organization.

- Bastrop
- Caldwell
- Hays
- Travis
- Williamson
- Not County Specific

Brief Overview of the Work of Your Organization as it Relates to this Funding Opportunity.

Describe your organization's work engaging community members in decision making and leadership to foster healthier communities in our Central Texas region of Bastrop, Caldwell, Hays, Travis, and Williamson counties.

Suggested length: 300 – 500 words

Organization Details:

- Organization Name
- Organization Address
- Website

Current annual operating budget

Submit the annual operating budget of your organization.

Type of Organization

Check the box if your organization is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code.

Provide your Employer Identification Number (EIN)

Primary Contact

Provide contact information for the individual who will be the primary point of contact for this grant request.

Application Questions

Organizations meeting the Community Driven Change open call requirements will be invited to participate in a streamlined application process. The **deadline to submit an application is 5:00 p.m. CDT on August 9, 2024.**

Request Details

Requested Grant Amount

| Organization Annual Budget Size | Maximum Grant Request |
|---------------------------------|-----------------------|
| \$250,000 - \$500K | \$250,000 |
| Over \$500K | \$500,000 |

Plans of Funding

Each awardee will receive an unrestricted, one-time operating grant based on organization size. Describe how your organization expects to expend the requested grant amount. Where possible, provide specific details of how the grant resources will be used (e.g., staffing, actions) and what this will make possible.

Description of Work

Describe the work of your organization as it relates to funding opportunity. Pay close attention to the funding opportunity package and respond to the rubric considerations as outlined below when submitting your response.

- Impact on individuals and families (or the underlying conditions and inequitable systems that affect individuals and families) whose income falls below the minimum level necessary for survival, or historically marginalized communities or groups.
- Demonstrated track record and/or early signs of success engaging community members in decision making and leadership to foster healthier communities.
- Authentic representation of the experiences and perspectives of the community it serves with clear pathways for community members to influence and shape decisions.
- A team that has the depth of skills, capacity, and experience necessary to ensure the organization’s continued success and ability to carry out its mission.
- Mechanisms in place to understand dynamic health equity needs and underlying systemic drivers, and evolves approaches in response.
- Productive and mission-driven partnerships, coalition-building, and collaboration.

Organization Overview

- Organization Name
- Mission of the Organization
 - In approximately 250 words or less, please tell us about your organization and its mission.
- Most Recent Form 990 for the Organization Receiving Funding (upload file – no specific format required)

Organizational Diversity

The Foundation is committed to using an equity lens in our work. In our grantmaking, we assess the demographics of applicants as well as grantees to understand how our processes and practices work across a diverse range of organizations. Across the organization, we transparently report on who the foundation serves through our investments and programs and report the proportion of our funding supporting Person/People of Color (POC) led organizations. **To this end, the Foundation requests information on organizational diversity using the chart below.** Person/People of Color (POC) is primarily used to describe any person who does not identify as “white”. However, we recognize that organizations collect this information in different ways and use different race/ethnicity categories. We ask that if you collect this information from your Executive Staff and Board, to report it using the following table.

| | White | Identify as POC | Unknown | Total |
|-----------------|-------|-----------------|---------|-------|
| Board | # | # | # | # |
| Executive Staff | # | # | # | # |

Progress and Learning

- **Measuring Progress**
Each awardee will receive an unrestricted, one-time operating grant to advance their mission. Describe how your organization will measure and reflect upon progress over the two-year grant period.
- **Type of Services**
Select whether your organization provides direct services to clients or patients. This response will be used to determine inclusion or exclusion of questions about clients served in follow-up reports, which allow us to report to the community on demographics of clients served across relevant grantees.

Contacts

- **Request Primary Contact:** This contact will be the main point of contact regarding the grant, including reporting and ongoing communication.
- **Executive Director or CEO:** Please specify a leadership contact for your organization.
- **Signatory:** In the event of a grant award, this contact will be asked to sign the grant agreement.
- **Payment Contact:** In the event of a grant award, this contact will provide the banking information to receive payment.
- **Additional Contact(s):** Please note any additional contacts that should receive grant information.

Additional Information to Be Provided

If your team is invited to participate in any future phases of this Open Call, you may be required to provide additional information, including but not limited to:

- Additional information about your organization
- Detailed budget
- Information to provide EFT payments