

## **WE ALL BENEFIT**

### *Increasing Access to Quality, Responsive Care*

## **Letter of Intent and Application Questions**

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### **Letter of Intent Questions**

Organizations intending to apply for the We All Benefit 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 \_\_\_\_\_

#### **Applicant Type**

Select how you intend to apply for this funding opportunity.

- Organization
- Collaborative

If applying as a collaborative, list the collaborative's partner organizations.

#### **Impact on Central Texas**

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

#### **Primary County Served**

Select the primary county of focus for your organization or collaborative.

- 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 or collaborative’s existing work to enroll eligible Central Texans in healthcare coverage or otherwise support individuals, the community, or organizations in the eligibility determination and enrollment process.

*Suggested length: 300 – 500 words*

**Organization Details (lead organization, if collaborative):**

- Organization Name
- Organization Address
- Website

**Current annual operating budget**

Submit the annual operating budget of your organization.

**Fiscal Sponsor**

Will your organization receive funding through a fiscal sponsor that is a 501(c)(3) organization (Yes or No). If yes, additional fiscal sponsor questions will appear.

**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)**

**Fiscal Sponsor Information (if Applicable)**

- Fiscal Sponsor Name
- Fiscal Sponsor Tax ID
- Address, City, State and Zip Code

**Primary Contact**

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

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## Application Questions

Organizations meeting the We All Benefit 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.**

### Requested Details

#### Applicant Type

Select how you intend to apply for this funding opportunity.

- Organization
- Collaborative

If applying as a collaborative, list the collaborative's partner organizations.

#### Request Grant Amount

Requested Grant Amount. This initiative will award two types of grants:

- Individual organizations will be eligible for one-time grants of up to \$250,000
- Funding collaboratives across organizations that are already working together to address this issue will be eligible for one-time grants of up to \$1,000,000

#### Plans of Funding

Each awardee will receive an unrestricted, one-time operating grant to allow the organization or collaborative to continue to expand their work to enroll Central Texans in health insurance benefits.

Describe how your organization or collaborative 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. For collaboratives, include details of the breakdown of resources for each collaborative partner.

#### Description of Work

Describe the work of your organization or collaborative 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.
- Demonstration of significant success enrolling eligible Central Texans in healthcare coverage or otherwise supporting individuals, the community, or organizations in the eligibility determination and enrollment process.

- 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
  - For collaboratives, list the name of each organization that is a part of the collaborative, the mission of the collaborative, and include any supporting documentation related to participating organizations and their relationship.
- Mission of the Organization
  - 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 an 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 allow the organization or collaborative to continue to expand their work to enroll Central Texans in health insurance benefits. Describe how your organization or collaborative will measure and reflect upon progress over the two-year grant period.

- Type of Services

Select whether your organization or collaborative 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