Funding Opportunity

OPEN CALL

Pathways to Economic Development for Healthcare Workforce
Letter of Intent (LOI) and Application Questions

Note: There may be slight variations to the LOI and application questions once in the online grants portal. This document is intended to serve as a guide and resource during your application process.

The *Pathways to Economic Development for Healthcare Workforce* open call is focused on increasing opportunities for Central Texans – particularly those from historically marginalized communities – to enter financially sustainable healthcare careers by building the capacity of collaborative, region-wide pathways to securing employment that leads to self-sufficient wages.

Organizations intending to apply for this funding opportunity must **submit an initial Letter of Intent (LOI) by 5:00 p.m. CDT on May 1st, 2025. After submitting the LOI and if accepted, all invited applications will be due by May 13th at 5:00 p.m. CDT.**

For technical assistance, email grantsinfo@stdavidsfoundation.org or call 512-879-6584.
For program-related inquiries, email questions@stdavidsfoundation.org.

Eligibility Criteria
Please review the eligibility criteria associated with the Pathways to Economic Development for Healthcare Workforce open call.

- Located and operating in one or more of the following Central Texas counties: Bastrop, Caldwell, Hays, Travis, or Williamson.
- A tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, a public or government entity (county, municipality, health department, university, school), or using a fiscal sponsor that is a tax-exempt 501(c)(3) organization.
- Serve historically marginalized high school youth and/or adults in Central Texas.
- Create collaborative and/or region-wide pathways to enter high demand, financially sustainable healthcare careers.

Step 1: Letter of Intent (LOI) Questions

To begin the application process, organizations must submit a letter of intent (LOI) through the online grants portal. Paper copies and emailed submissions will not be accepted. The questions that follow in the LOI will allow you to provide additional information for the Foundation to determine the proposal's potential for impact.

REQUEST DETAILS

*Applicant Type - Select how you intend to apply for this funding opportunity.
St. David's Foundation believes that sustainable solutions to complex problems often require collaboration across organizations or sectors. For this funding opportunity, a "collaborative" is defined as more than 1 organization formally partnering with another/other organization(s) to work towards a shared, defined goal. We anticipate that during the application phase, we may request additional information about your collaborative, including but not limited to a formal memorandum of understanding (MOU) and/or a description of how funds have been agreed to be distributed.

- Individual Organization
- Collaborative

Request Title
Include a brief title of your proposed work.

Request Summary
Provide a brief summary of your proposed work. The summary should include a clear description of how your proposed work will improve collaborative and/or region-wide pathways for historically marginalized high school youth and/or adults in Central Texas to enter high demand, financially sustainable healthcare careers. **View Funding Opportunity here.**
Please aim for no more than 500 words.

Geographic Impact
Select the geography that best aligns with the intended impact of this proposed work.
Choose regional if your proposed work's impact **is equally focused** across all Central Texas counties.
Choose County if your proposed work may impact multiple counties within Central Texas, but **is not equally focused** across all counties.

- National or multi-state
- Statewide
- Regional
- County

*Primary County Served (if Geographic Impact "County" is selected)
Select the county that will receive the most impact from your proposed work.

- Bastrop
- Caldwell
- Hays
- Travis
- Williamson

How did you learn about this funding opportunity?

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

ORGANIZATION DETAILS

If applying as part of a collaborative, you must identify one organization to serve as the lead organization of the collaborative. Only one application is allowed for the same collaborative project. If a grant is awarded to the collaborative, the grant agreement will be issued to the lead organization, which is responsible for reporting and administering funds to other collaborative partners as agreed to by the participating organizations.

Organization Name
Organization Address
Website

Current Annual Operating Budget
Submit the annual operating budget of your organization. There is no specific format required for submission.

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

Provide your Employer Identification Number (EIN)

FISCAL SPONSOR DETAILS
Fiscal Sponsor Name
Fiscal Sponsor Employer Identification Number (EIN)
Fiscal Sponsor Address

CONTACTS
Application Contact
This will be the primary point of contact for questions related to the LOI proposal and will be notified of application status once decisions have been made.

Additional Contact(s)
Please note any additional contacts that should be copied on communications related to the LOI, if applicable.

Step 2: Funding Opportunity Application Questions

If your LOI demonstrates a strong alignment with the goals of the call, your organization will be invited to submit a full application.

Before completing the application, organizations are encouraged to review the **Pathways to Economic Development for Healthcare Workforce Funding Opportunity**, including eligibility requirements, intent of the open call, and scoring rubric. Applications will be evaluated using the full rubric as a decision-making framework. ***For additional information about the Foundation and its strategies, please see our strategic plan, Pathways to Health Equity.***

All invited applications are due by May 13th, 2025 at 5:00 p.m. CDT. Applications must be submitted through the online grants portal. Paper copies and emailed submissions will not be accepted. Please note that application questions do not have word limits.

For technical assistance, email grantsinfo@stdavidsfoundation.org or call 512-879-6584.
For program-related inquiries, email questions@stdavidsfoundation.org.

REQUEST DETAILS

Applicant Type
Select how you intend to apply for this funding opportunity.
St. David's Foundation believes that sustainable solutions to complex problems often require collaboration across organizations or sectors. For this funding opportunity, a "collaborative" is defined as more than 1 organization formally partnering with another/other organization(s) to work towards a shared, defined goal. We anticipate that during the application phase, we may request additional information about your collaborative, including but not limited to a formal memorandum of understanding (MOU) and/or a description of how funds have been agreed to be distributed.

- ▪ Individual Organization
- ▪ Collaborative

Request Title
Include a brief title of your proposed work. Please note that, if awarded, we may need to modify your request title for clarity and consistency.

Requested Grant Amount
Indicate your requested grant amount. Award size will be based on the scale and sustainability of the proposed work, the organization's potential for long-term impact, and the organization's annual budget.

Proposed Project Budget
Submit a budget detailing the estimated expenses for the proposed work described in this application. This budget should include all proposed expenses for that work, not just those requested by the Foundation. There is no specific format required for submission, although a sample budget can be found below for reference.

Description of Work
Provide a detailed description of the proposed work and how it addresses the intent of this funding opportunity. Applications will be evaluated using the rubric summarized below and further detailed in the **Funding Opportunity** as a decision-making framework.

Rubric Categories	Possible Points
Equity-focused: Work has clear and direct impact on Central Texans – particularly those from marginalized communities – to enter financially stable healthcare careers.	5
Potential for Impact: Proposed idea offers a compelling and feasible improvement to a pathway for Central Texans – particularly those from marginalized communities – to enter financially sustainable healthcare careers.	15
Of and By Community: Includes broad representation of the range of diverse stakeholders (which may include high schools, community colleges, universities, career training schools, employers, non-profit organizations, economic development groups, workforce groups, local governments, think tanks, professional associations, and others) in the development of solutions and strategies.	5
Team Capacity: Lead organization has the organizational capacity including adequate staffing with relevant skillset and supportive infrastructure necessary to implement what is proposed.	5
Health Equity Innovation: Incorporates new, creative ideas, unlikely partnerships, and/or innovative solutions that address misalignment in the system and promote demonstrated participant success in advancing historically marginalized Central Texans onto the pathways of economically sustainable careers.	10
Collaboration: Project has or develops capacity of collaborative, region-wide efforts that result in equitable participation of stakeholders and shared vision and decision-making. Clear articulation of how the collaborative effort will lead to impact/desired goals.	10

COLLABORATIVE DETAILS (IF SELECTED COLLABORATIVE)
Name of Collaborative (if applicable)

Collaborative Partners
List the name of each organization within the collaborative and describe how each organization will support and contribute to the work of the collaborative. Describe any additional supporting details related to your collaborative (e.g. collaborative history, if terms of agreement are in place).

Collaborative Funding
Provide details regarding the amount of requested grant funds that will be disbursed to each organization within the collaborative.

ORGANIZATION OVERVIEW

If applying as part of a collaborative, you must identify one organization to serve as the lead organization of the collaborative. The below questions should reflect only the lead organization's information. If a grant is awarded to the collaborative, the grant agreement will be issued to the lead organization, which is responsible for reporting and administering funds to the rest of the collaborative as agreed to by the participating organizations.

Organization Name

Mission of the Organization
Tell us about your organization and its mission.

Most Recent Form 990
Submit the most recent Form 990 for your organization. If your organization is not legally required to complete a Form 990, please provide your most recent audited financial statements or a balance sheet and income statement for the most recent fiscal year.

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 reach the entire Central Texas community that our Foundation serves. Across the organization, we transparently report on who the Foundation serves through our investments and programs. Organizational demographic data is not a component of the Foundation's grantmaking rubric and is not used in determining grant eligibility or selection.

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. Numbers input below should be unduplicated within each category, meaning an individual should not be counted in multiple categories.

	White	Identify as POC	Unknown
Board	#	#	#
Executive Staff	#	#	#

Additional Information to be Provided

During the application review process, you may be required to provide additional information, including but not limited to:

- Additional information about your organization, including financial documents

- Supporting documentation or information related to the collaborative

CONTACTS

Request Primary Contact
This contact will be the main point person for 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 authorized 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 be copied on grant-related communications.