

Funding Opportunity

OPEN CALL

Catalyzing Community-Led Change

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 *Catalyzing Community-Led Change* open call is focused on advancing community-driven health priorities by investing in existing community-led networks and organizations across Central Texas that are supporting resident leadership in communities facing the greatest health challenges. This effort will ensure residents have the resources, influence, and power to improve health in ways that reflect their community's priorities and act collectively on shared issues that support civic health.

Organizations intending to apply for this funding opportunity must **submit an initial Letter of Intent (LOI) by 5:00 p.m. CDT on June 11, 2026. After submitting the LOI and if accepted, all invited applications will be due by July 23, 2026 at 5:00 p.m. CDT.**

For technical assistance, email grantsinfo@stdaidsfoundation.org or call 512-879-6584.

For program-related inquiries, email questions@stdaidsfoundation.org.

Eligibility Criteria

Please review the eligibility criteria associated with the Catalyzing Community-Led Change open call.

We encourage applications from a wide range of organizations that are rooted in and trusted by the communities they serve. Organizations must:

- Operate in one or more of the following Central Texas counties: Bastrop, Caldwell, Hays, Travis, or Williamson.
- Demonstrate a track record of resident organizing and leadership development to achieve meaningful, community-driven improvements to health and well-being.
- Be a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (with a valid determination letter at the time of LOI Submission), a public or government entity (county, municipality, public health department, public university, public school), religious organization, or use a fiscal sponsor that meets these criteria.
- Have an annual operating budget of at least \$150,000.

Note: Organizations with an existing St. David's Foundation grant are eligible to apply

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

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 organization or network demonstrates:

- A track record of resident organizing and leadership development to achieve meaningful, community-driven improvements in health and well-being.
- Residents are centered as leaders and problem-solvers.

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 the impact of your proposed work **is equally focused** across all Central Texas counties.

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

*Primary County Served (if Geographic Impact “Regional” or “County” is selected)

Select the county where you expect to have the greatest impact even if multiple counties are served.

- Bastrop
- Caldwell
- Hays
- Travis
- Williamson
- No primary county

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

*Organization Name

*Organization Address:

Address
City
State
Zip Code
County

Organization Website

*Current Annual Operating Budget

Submit the annual operating budget of your organization. There is no specific format required for submission. If applying with a fiscal sponsor, include the budget for the organization being fiscally sponsored.

Fiscal Sponsor

Will your organization receive funding through a fiscal sponsor that is a 501(c)(3) organization? See information about fiscal sponsorship in the [FAQs](#). 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: Address, City, State, Zip Code

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.

Welcome to the St. David's Foundation application form. We look forward to learning more about your organization's work and how that work can advance the Foundation's goals. Learn more about the Foundation's [2030 Vision for Impact](#), [Strategic Plan](#) and [Funding Priorities](#).

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

For program-related inquiries, email questions@stdavidsfoundation.org.

All invited applications are due by July 23, 2026 at 5:00 p.m. CDT. Applications must be submitted through the online grants portal. Paper copies and emailed submissions will not be accepted.

REQUEST DETAILS

- Organizations invited to submit a full application demonstrated how their organization or network centers residents as leaders and problem-solvers and has a track record of resident organizing and leadership development to achieve meaningful community-driven improvements in health and well-being.
- Before completing the application, organizations are encouraged to review the [Funding Opportunity Overview](#), including eligibility requirements, goals of the open call, and scoring rubric. Applications will be evaluated using the full rubric as a decision-making framework.
- Please note that questions do not have word limits. If you experience any formatting problems or error messages, email grantsinfo@stdavidsfoundation.org or call 512-879-6584.

***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. Each awardee will receive a 3-year, one-time grant. Award size will be based on the scale and impact of the proposed work, the organization's annual budget, the organization's potential for long-term impact and durability, and the organization's capacity to translate the award into positive community impact in a timely way. [See budget guidance for more information.](#)

***Proposed Project Budget**

Submit a budget detailing the estimated expenses for the proposed work per year 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 goals of this funding opportunity. Applications will be evaluated using the rubric summarized below and further detailed in the Funding Opportunity Overview as a decision-making framework. Please make sure your description of work directly addresses each rubric category.

Rubric Categories	Possible Points
Equity-focused: The organization or network is focused on historically marginalized Central Texans and located in communities with the greatest health needs.	5
Potential for Impact: The organization or network demonstrates a track record of resident organizing and leadership development to achieve meaningful, community-driven improvements in health and well-being.	15
Of and By Community: Residents are centered as leaders and problem-solvers.	10
Team Capacity: The organization or network has the capacity (people, skills, time, tools, resources, formal and informal assets) to organize community and/or develop resident leadership.	5
Durability: The organization or network clearly and compellingly describes how their work will serve as the foundation for strengthening communities and enabling communities to continue driving meaningful change to improve health and well-being well beyond the life of the grant.	10
Collaboration: The organization or network has or is developing cooperative networks and trusted partnerships to keep the cause moving forward.	5

ORGANIZATION OVERVIEW

Organization Name

Mission of the Organization

Tell us about your organization and its mission.

Fiscal Sponsor

Will your organization receive funding through a fiscal sponsor that is a 501(c)3 organization?

See additional information about fiscal sponsorship in the [FAQs](#). If yes is selected, additional fiscal sponsor questions will appear

- Fiscal Sponsor Name
- Fiscal Sponsor Employer Identification Number (EIN)
- Fiscal Sponsor Address

*Financial Statements

Submit the most recent Form 990 for your organization.

- If your organization is not legally required to complete a Form 990 or is required to submit either a 990-EZ or 990 Postcard, please provide your most recent audited financial statements or a balance sheet and income statement for the most recent fiscal year instead of a 990.
- If applying using a fiscal sponsor, please include the financials from both the fiscal sponsor and, if available, the organization being sponsored.

***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.

For-profit organizations who do not have a Board of Directors should enter 0 for Board demographics.

	White	Identify as POC	Unknown
Board, if applicable	#	#	#
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

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.

Fiscal Sponsor Signatory (fiscal sponsors only)

Please indicate the contact who is authorized to sign the grant agreement on behalf of the fiscal sponsor. This signatory contact *must* be employed with the fiscal sponsor organization.

Fiscal Sponsor Payment Contact (fiscal sponsors only)

In the event of a grant award, this contact will provide the banking information to receive payment. This payment contact *must* be employed with the fiscal sponsor organization.