

Mt. Sinai Foundation Grants: Oct - Dec 2021

Mt. Sinai Health Care Foundation

Mt. Sinai Grant Proposal Instructions

Information about our grantmaking priorities, proposal review criteria, and staff contact information can be found on our website. **We encourage conversation with program staff prior to the submission of grant requests.**

Please note:

- Required questions are marked with an asterisk (*). Please respond to other questions when applicable.
- Do not use the browser's back button when completing the application. Doing so may result in the loss of information. Instead, please use the "Previous" button at the bottom of the page.
- Applicants do not need to use all the space provided for answers. Character limits are purposely larger than what is needed to answer questions fully.

Basic Information

Project Name*

Character Limit: 100

Amount Requested*

Character Limit: 20

Proposed Grant Period*

Choices

one year
1.5 years
two years
three years
four years
five years
six years
seven years
eight years
nine years
ten years
15 years

Grantmaking Area*

With which area of Mt. Sinai grantmaking does your project align? For more information, see the What We Fund page of our website.

Choices

Academic Medicine/Bioscience
Health of the Jewish Community
Health of the Urban Community
Health Policy

Fiscal Agent*

Are you applying with a fiscal agent?

OR

Is your organization a local chapter of a national nonprofit?

Choices

Yes
No

Fiscal Agent (If Applicable)

Fiscal Agent Name*

Please provide the legal name of the fiscal agent or national organization that would be the grant recipient.

Character Limit: 250

Fiscal Agent Executive Director*

Character Limit: 250

Fiscal Agent Email*

Please provide the Executive Director's email address. This will be used to send grant agreement letters if Mt. Sinai approves this request.

Character Limit: 254

Fiscal Agent Phone Number*

Character Limit: 15

Fiscal Agent Mailing Address*

Character Limit: 250

Fiscal Agent Tax ID*

Please use the format XX-XXXXXXX.

Character Limit: 10

Project Information: Academic Medicine, Health of the Jewish Community, & Health of the Urban Community

1. Project Purpose*

What is the purpose of the project? How would it help improve the health of Greater Cleveland residents? Please describe how this project might help prevent or intervene early in health issues, rather than treat them downstream.

Character Limit: 4000

2. Project Continuation

If this is an existing project, why are you continuing it? What has been progress to date? How has the project evolved?

Character Limit: 4000

3. Goals and Work Plan*

What are your goals for the project? What activities will you undertake? Please describe any metrics you will track to gauge if you are successful in meeting project goals.

Character Limit: 4000

Work Plan Visuals

You may include a logic model, table, or other visual to show how you will deliver and evaluate the project.

File Size Limit: 5 MB

4. Number of People Served*

Please estimate how many people will be **directly** served by your project over the grant period.

Character Limit: 250

5. Characteristics - People Served

a. Please describe how you reached this estimate of number of people directly served.

b. Please also describe the demographics of people who would be served (like neighborhood, race/ethnicity, gender, LGBTQ status, age, immigrant status, ability status). How might the project benefit those from marginalized communities?

Character Limit: 4000

6. Organization Track Record*

What about the experience of the organization makes it possible to successfully implement the project? Please describe recent examples of the organization leading projects that are important to the community it serves.

Character Limit: 4000

7. Partners

Which individuals and groups outside of the organization are critical to this project, and how will you engage them?

If you propose partnerships, please submit letters of support and/or consultant scopes of work in the **Attachments** section below.

Character Limit: 4000

Project Information: Health Policy

1. Policy Need*

What issue(s) do you intend to address through policy efforts? How does this issue affect the health of residents of Greater Cleveland? Please describe how this policy might help prevent or intervene early in health issues, rather than treat them downstream.

Character Limit: 4000

2. Ongoing Policy Efforts

If these are existing policy efforts, why are you continuing them? What has been progress to date? How have they evolved?

Character Limit: 4000

3. Policy Influence*

Which of the following area(s) of policy influence best describe your strategies? Please select all that apply.

Choices

Campaign design and implementation

Coalition building and convening

Communications

Direct advocacy

Grassroots organizing

Policy research and analysis

Strategic litigation

Other

Other:

If you answered "Other", please describe.

Character Limit: 250

4. Policy Change Goals and Work Plan*

What are your goals for the policy efforts? What activities will you undertake? Please describe any metrics you will track to gauge if you are successful in meeting your goals.

Character Limit: 4000

Work Plan Visuals - Policy Change

You may include a logic model, table, or other visual to show how you will deliver and evaluate the policy strategies.

File Size Limit: 5 MB

5. Number of People Impacted*

Please estimate how many people would be impacted by policies advanced by your efforts.

Character Limit: 20

6. People Impacted by Policy

How might this policy benefit those from marginalized communities? Please describe the demographics of people impacted (like geographic area, race/ethnicity, gender, LGBTQ status, age, immigrant status, ability status).

Character Limit: 4000

7. Policy Advocacy Track Record*

What about the experience of the organization makes it possible to successfully influence this policy? Please describe recent examples of the organization advancing policy efforts that are important to the community it represents?

Character Limit: 4000

8. Advocacy Partners

Which individuals and groups outside of the organization are critical to this work, and how will you engage them?

If you propose partnerships, please submit letters of support and/or consultant scopes of work in the **Attachment** section below.

Character Limit: 4000

9. Unique Role

Please describe other stakeholders working on this issue and explain your organization's unique role in these policy change efforts.

Character Limit: 4000

Project Budget

Project Budget*

Please provide a project budget using the template found on our website. **On this same form, after filling in the template, please provide a budget narrative that explains each line item for which Foundation support is requested.**

If requesting a multi-year grant, please provide a separate budget for each year.

File Size Limit: 5 MB

Budget Narrative*

Please explain each line item for which Foundation support is requested. You may do so by copying and pasting the narrative included on the Project Budget Form.

Character Limit: 4000

Total Project Budget*

Character Limit: 20

Other Support Requested*

Please list other foundations, donors, corporations, or government partners from which you are seeking support for this project, and indicate amounts sought from each.

Character Limit: 1000

Sustainability*

What other funding sources might be available to sustain the work after the proposed grant period?

If this request is for general operating expenses, please discuss your plans for diversifying funding sources.

Character Limit: 4000

Attachments

Board Roster*

Please upload a current list of the organization's Board of Directors with business affiliations.

File Size Limit: 5 MB

Financial Contributors*

Please provide a list of financial contributors for the last 12 months. Contributors should include foundation grants and names of major individual donors.

File Size Limit: 5 MB

Financial Statements*

Please provide the most recent audited financial statements. If your organization has not completed an audit in the past 2 years, please provide the most recent Form 990 or financial statements reviewed by an independent accountant.

File Size Limit: 5 MB

Annual Report

File Size Limit: 5 MB

Letter of Support #1

File Size Limit: 3 MB

Letter of Support #2

File Size Limit: 3 MB

Letter of Support #3

File Size Limit: 3 MB

Letter of Support #4

File Size Limit: 3 MB

Letter of Support #5

File Size Limit: 3 MB

Letter of Support #6

File Size Limit: 3 MB

Letter of Support #7

File Size Limit: 3 MB

Letter of Support #8

File Size Limit: 3 MB

Letter of Support #9

File Size Limit: 4 MB

Letter of Support #10

File Size Limit: 3 MB

Consultant Scope of Work #1

File Size Limit: 4 MB

Consultant Scope of Work #2

File Size Limit: 4 MB

Consultant Scope of Work #3

File Size Limit: 4 MB

Other Attachments

Please include any other attachments that might be useful in reviewing this request.

File Size Limit: 5 MB

File Size Limit: 5 MB

Organization Profile

Organization History*

Please provide a brief description of the organization's founding and evolution.

Character Limit: 1000

Mission Statement*

Character Limit: 1000

Organization Annual Budget*

Character Limit: 20

Staff Members*

Please list the number of staff members currently employed, including full- and part-time staff.

Character Limit: 20

Board Members*

Character Limit: 4

Endowment*

Choices

Yes

No

Endowment Amount

Character Limit: 20

Audit*

Does the organization's Board review and formally approve a financial audit?

Choices

Yes

No

Management Letter*

Does the Board review and approve a management letter, if applicable?

Choices

Yes

No

Not Applicable

Board Member Contribution*

What percentage of board members make an annual financial contribution to the organization?

Character Limit: 4

Please describe your revenue sources. Percentages (even if approximate) should add up to 100%.

Foundation Revenue (%)*

Character Limit: 3

Donor Revenue (%)*

Character Limit: 3

Government Grant / Contract Revenue (%)*

Character Limit: 3

Fee-for-Service Revenue (%)*

Character Limit: 3

Other Revenue (%)*

For example: fundraisers, endowment, and special events

Character Limit: 3

Comments - Organizational Profile

Please provide any additional, relevant information, if needed.

Character Limit: 4000