

2025 Open Call for Grant Proposals: Application Overview

Screening Questions

Welcome to The Washington Home Application

We want to share a few tips before starting the application process:

- Save a draft of your application in case you need to complete the form later. Your application autosaves as you fill out the form.
- Upon Submission, you will receive an automated confirmation email.
- Safelist email notifications from Foundant to reduce the risk of emails going to your spam or trash folders.
- To edit an application once submitted, request to edit the submission. If you need to make changes to your form, please withdraw your submission, make the changes, and then resubmit your application.
- Foundant works best on Google Chrome, Firefox, and Safari. Please make sure you are using a supported browser.
- Helpful links:
 - o The Washington Home Application Process Overview
 - Foundant's Applying & Site Navigation Tutorial

Eligibility Requirements*

Review the eligibility statements below regarding your organization and select the response.

- 1. Qualify as one of the following entities eligible for application:
 - Nonprofit or community organizations holding a current tax-exempt status under Section 501(c)(3) of the Internal Revenue Code;
 - Recognized governmental entities including state, county, or city agencies such as the health department;
 - Educational facilities, such as K-12 public, private, or charter schools or school districts and higher education institutions.
- 2. Your organization serves Washington, D.C., residents aged 60+ or people with a critical illness (cancer, heart disease, terminal illness, etc.).
- 3. The applicant has both completed the TWH Grantee Information session either in-person or by viewing the <u>pre-recorded video</u>, and completed a virtual Grantee Meeting with The Washington Home (TWH) staff.
- * I have read and met the listed eligibility requirements to submit an application.

Choices

Yes

No

Ineligible Message

Currently, you are ineligible to apply for a grant with The Washington Home. Reasons your organization may be ineligible to apply include:

- Your organization is NOT designated as a 501(c)3.
- Your organization does NOT serve older adults (aged 60+) or people with a terminal illness in Washington, D.C.

For additional information:

- Review The Washington Home <u>FAQ page</u> for more information.
- Send an email to The Washington Home Team at <u>grants@thewashingtonhome.org</u> if you have specific questions about eligibility requirements. Kindly note that response times may be delayed during the Open Call process.

Section 1: About Your Program/Project & Solutions

Name of Your Project/Program Request*

Character Limit: 100

Is this your first time applying for a grant/sponsorship with The Washington Home?*

Choices

No

Yes

Funding

The Foundation funds programs and projects in the following priority areas: healthcare access (workforce pipeline, caregiver relief, and critically ill), food insecurity, social isolation, and sponsorship/memberships.

1. Older Adults Healthcare Access:

- a. Healthcare Workforce Pipeline we are seeking to fund collaborative proposals that build pipelines that integrate training certification, education, mentorship, and employment cultivation to increase the number of healthcare professionals working in DC to improve health outcomes for older adults and end of life care.
- b. Caregiver Relief we are seeking to fund proposals providing home health aides/certified nursing assistants to support caregivers, training and education for professional caregivers, caregiver support programs, and adult day centers. The Foundation supports projects that improve the quality of life of both the caregiver and care recipient.
- c. *Critically III* we are seeking to fund proposals supporting programs that improve access and quality of care for the critically ill and those at the end of life.
- 2. **Food Insecurity** we are seeking proposals that support food is medicine programs including: medically tailored meals, meal delivery, food markets, community meals, and produce prescriptions to improve health outcomes and access to healthy foods for older adults.
- 3. **Social Isolation** we are seeking proposals that support virtual and in-person programs that focus on reducing social isolation among older adults through the arts, support groups, behavioral health, social-emotional supports, physical activities, and technology.
- 4. **Sponsorships and Memberships** we are seeking proposals that help nurture the stability and expansion of programs supporting sponsorships and memberships for eligible organizations.

Select the priority funding area that best applies to the program/project.*
Select the priority area that best aligns to your program goals.

Choices

- -Healthcare Access (workforce pipeline, caregiver relief, and critically ill)
- -Food Insecurity
- -Social Isolation
- -Sponsorships

Dollar amount of this funding request*

Add instructions on budget location

Character Limit: 20

Total project/program budget*

Add instructions on budget location

Character Limit: 20

Enter the number of unduplicated people served and budget by Ward based on your project.

Your response here should match the dollar amount and the total program/project budget. Complete the last two columns during the Final Report only.

Enter zeros if you do not have data (people served or budget) for each ward.

Ward	People Served	Budget	People Served (Complete during Final Report Only)	Budget (Complete during Final Report Only)
Ward 1				
Ward 2				
Ward 3				
Ward 4				
Ward 5				
Ward 6				
Ward 7				
Ward 8				
Totals		-		

Organization Fiscal Year Start Date*

Character Limit: 10

Organization Fiscal Year End Date*

Character Limit: 10

Project Description: Part A

Briefly describe the purpose of this funding request and answer the following questions:

- **A1.** What challenge are you addressing and how are you meeting the diverse needs of older adults?* Character Limit: 750
- A2. How many older adults (unduplicated) will this program/project serve across all 8 Wards?* Your response should match the total number of unduplicated served in the table above. Character Limit: 9
- A3. What is the proposed overall impact of the project?*

Discuss impact as measured in knowledge, behavioral change, skills development, systemic change, health improvements, etc.?

Character Limit: 750

A4. How did the program participants contribute to the development of this project?*

Character Limit: 750

A5. What barriers/challenges may impact your ability to implement the proposed solution?* Discuss how you plan to resolve the barriers/challenges.

Character Limit: 750

A6. Explain any collaborations or partnerships that are needed to implement this program/project.* Character Limit: 750

A7. Project/Program Implementation Plan*

Fill in the <u>Project/Program Implementation Plan</u> with the tasks required to accomplish the goal(s) identified. The timeline should include major milestones, required approvals, etc. Then, upload the completed Project/Program Timeline.

File Size Limit: 1 MB

A8. How many total goals does your project have?*

Choices

- 1
- 2
- 3

Section 2.1: Goal #1

Goals

All goals should be SMART: (S) specific; (M) measurable; (A) attainable; (R) relevant; (T) time-based.

In each goal area, please list the number (#) and percentage (%) to be served including the overall impact. Impact is the overarching result of the service/intervention provided.

Please include the number served along with the percentage, see examples below.

Example #1:

Goal – #85/100 (85%) of Royal Village residents enrolled in the free dinner meals program will report an increase in access to dinner meals 7 days a week.

Goal – Royal Village Food Service will note a #50/100 (50%) reduction in the number of residents who miss dinner meals due to inability to pay because of the free dinner program.

Example #2:

Goal – To prevent caregiver burnout, #75/100 (75%) of caregivers will participate in 10 coping skills sessions to increase their understanding of older care and needs.

Goal – Caring Hearts organization will report a #60/100 (60%) reduction in the number of caregivers who report feeling burnout because of the Caregiver Burnout Prevention program.

B1a. What is Goal # 1*

Use the required goal format provided in the instructions section.

Character Limit: 750

B1b. What is the total number of unduplicated people served in Goal #1?*

Character Limit: 10

Section 2.2: Goal #2

B2a. What is Goal #2?

Character Limit: 750

B2b. What is the total number of unduplicated people served in Goal #2?

Character Limit: 10

Section 2.3: Goal #3

B3a. What is Goal #3?

Character Limit: 750

B3b. What is the total number of unduplicated people served in Goal #3?

Character Limit: 10

Section 3: Budget & Sustainability

Sustainability

Sustainability means that a program/project has the necessary support in place to ensure that it will be able to continue to accomplish its goals beyond the grant award. Prospective grantees are encouraged to think about the short and long-term goals of a project/program and identify different strategies to keep the program functioning to accomplish its goals. There are different ways that a program/project can show sustainability. Some examples include leveraged funds, collaborating with another organization doing similar work, developing greater capacity for reimbursement, leveraging other donors and/or creating a fee for service model. Sustainability is more than grant diversification.

"Leveraged Funds" can include aligned grant funding, in-kind partnerships, bond bills, or match funding to support the program that TWH may invest. Leveraged Funds should be listed in the Budget Template with your submitted application.

C1. Sustainability Plan- select all that apply.*

Choices

- -Aligned Grant Funding
- -Billable Reimbursements
- -Bond Bills
- -Fee for Service Model
- -In-Kind Partnerships
- -Matching Funding (from other donors)

C2. Describe the plan to scale and sustain the program/project beyond this grant.*

Sustainability is diversification beyond additional grants.

Character Limit: 750

C3. What will happen to the program/project, if you do not secure the full amount of funding needed?*

Be as specific as possible.

Character Limit: 750

Budget Narrative Instructions

- 1. TWH is committed to working towards supporting livable wages in the District of Columbia through our grant investments. To learn more about what is considered a livable wage, please reference the United Way's 2024 National Capital Area ALICE Report (Asset Limited, Income Constrained, Employed) for Washington, D.C.
- 2. Demonstrate where in your organizational budget the TWH grant is being applied.
- 3. Please align the budget request with the grant goals. For example, if you are advancing integration of health and wellness for older adults, the TWH funds might support staff training, virtual programs, or outreach and education.
- 4. The Project Budget Narrative must describe and justify the cost assumptions for * marked line items in the budget spreadsheet for funds requested from TWH, not the total project budget.
- 5. In the budget narrative section, address each of the applicable letters below:
 - A. Salaries & Wages List personnel costs, excluding fringe benefits, for each requested staff position. Indicate whether the position is full-time or part-time and the staff's base salary.
 - B. Employee Benefits and Taxes List benefit costs and taxes related to personnel involved with the project.
 - C. Consultant and Professional Fees List amounts paid to individuals or company and specify what services they rendered. Explain whether the payment(s) is based on an agreed total amount or agreed per diem rate including travel and other related expenses. Include fees paid to outside attorneys, accountants, or auditors. Include descriptions of the work to be performed, and rates.
 - D. Travel Include transportation costs directly related to the major activities of the project. Include expenses for all modes of transportation, transportation vouchers, meals, automobile expenses, mileage reimbursement, and per diem payments.
 - E. Programmatic Expenses, Equipment & Maintenance 1) List any equipment purchased for use in the project. Include cost, depreciation and maintenance expenses for the equipment;
 2) List Programmatic Expenses: food costs, program supplies, emergency lodging expenses.
 - F. In-Kind Revenue/Expense Explain what consists of in-kind revenue or expense if you have any.
 - G. Sub-grants to other organizations (Partners/Collaborations) Identify funds that will be used to make grants to other nonprofit organization partners in furtherance of the project. Include descriptions of the work to be conducted by the sub-grantees and names of the organizations.
 - H. Cost Per Unit List the estimated "cost per unit" of intervention (i.e., how many of what and to whom, per cost of service delivered)?
 - I. Other Specify other expense amount if it is over \$100.

C4. Budget Narrative*

Use the format provided in the instructions above.

Character Limit: 750

C5. Upload a copy of the program/project budget

Please download the <u>TWH budget template</u>, complete, and upload using the button below.

File Size Limit: 1 MB

Section 4: Required Documents

D1. Current funders list (foundation, corporate, government, major donors) and amount of support.*

File Size Limit: 1 MB

D2. Board of Directors List*

File Size Limit: 1 MB

D3. Organization Budget and/or Latest Financial Statements*

File Size Limit: 1 MB

D4. IRS Determination Letter*

File Size Limit: 1 MB

D5. Form 990 (Most Current)*

File Size Limit: 1 MB

D6. Directors & Officers Liability Insurance*

File Size Limit: 1 MB

D7. Invoice (Applicable to Sponsorships Only)

File Size Limit: 1 MB

D8. Cyber Security and Crime Insurance (Recommended)

File Size Limit: 1 MB

NOTES