**Coverys Community Healthcare Foundation (CCHF)**

**CCHF 2025 General Grant Program Request for Proposal (RFP)**

**Application Worksheet**

*A grant is a request for funds for a project submitted through the grant application process. Programs that are submitted require measurable and demonstrable results. A Grant Agreement and bi-annual reports are required.*

*As you consider whether to apply for this Request for Proposal, we encourage you to review our Program and Reporting Guidelines and other resources found at* [*https://www.coverys.com/About-Us/Foundation*](https://www.coverys.com/About-Us/Foundation)

*If you have further questions about this specific request for proposals or our grant review process, please email* [*foundation@coverys.com*](mailto:foundation@coverys.com)

*PLEASE NOTE:*

*Applications will not be accepted after* ***Wednesday, May 14 at 11:59 PM EST****.*

*If you save your application without completing it, only you will be able to access it using the login credentials provided to you at the start of the process. Please note that partially completed online application forms are saved for 60 days. CCHF staff and Benevity, our technical support administrator, are unable to access incomplete applications. Once you submit your online application, you will be unable to retrieve it or make further edits.*

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| **General Information** |

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| Full Legal Name of Applicant Organization: |  |

*Please note: When submitting online, the FEIN number may be used to help locate the applicant’s name and address.*

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| --- | --- | --- | --- | --- | --- |
| Address: |  | | | | |
| City: |  | State: |  | Zip Code: |  |

If this request is approved, should the payment be directed to the organization as displayed above?

Yes  No

Is this the appropriate address?

Yes  No

If no, please provide the name in which payment should be made and the appropriate address:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Payee: | |  | | | | |
| Address: | |  | | | | |
| City: |  | | State: |  | Zip Code: |  |

Please select your organization type:

501(c)(3) charitable organization

For-profit

Other non-profit – ex. 501(C)(6)

Describe the organization to receive the funds from CCHF.

Mission Statement *(1,500 characters or about 300 words)*

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Brief Description of Organization *(1,500 characters or about 300 words)*

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Population Served *(1,000 characters or about 200 words)*

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Geographic Reach *(1,000 characters or about 200 words)*

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Please identify the primary organization type:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | Academic/Educational |  |  | Professional Organization |
|  | Behavioral Health |  |  | Respite Care |
|  | Healthcare Clinic |  |  | Senior Care |
|  | Hospital/Health System |  |  | Other Charitable Organization |
|  | Physician Organization/Practice |  |  | Other Organization – not Charitable |

|  |  |
| --- | --- |
| President/Executive Director: |  |

|  |  |
| --- | --- |
| President/Executive Director Phone#: |  |

|  |  |
| --- | --- |
| President/Executive Director Email Address: |  |

Organization website address (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what year was this organization incorporated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the Coverys Community Healthcare Foundation Grant Program?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Agent/Broker |  |  | Search Engine |
|  | Coverys Staff Member |  |  | Other |
|  | Coverys Board Member |  |  |  |
|  | Coverys Invitation to Apply |  |  |  |
|  | Press Release |  |  |  |

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| **Financial Information** |

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| Organization’s total annual budget: | $ |
| Fiscal year ending (mm/dd/yyyy): |  |
| Amount of your funding request for this project: | $ |
| Total project budget: | $ |

*Please be advised that you will be asked to upload the* ***project budget*** *at the end of the online application process.*

Please provide a short description of how CCHF funds would be used within the total project budget.

*(1,500 characters or about 300 words)*

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Is the proposed project viable without CCHF support?  Yes  No

If yes, provide details on viability. *(1,000 characters or about 200 words)*

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Have you approached other funders for this project?

Yes  No

If yes, please enter up to five other funders.

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Please list all project names and amounts awarded for grants received by your organization in the last five years from CCHF. *(If none, please enter N/A.)*

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Is your organization a Coverys insured? *(check one)*  Yes  No

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| **Project Information** |

Name of project:

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Focus area of project as it aligns with Coverys Grant Guidelines:

Programs and initiatives that promote healthy lifestyles

Programs and initiatives to improve patient care and patient safety

Individuals and organizations who provide healthcare services

Executive Summary – Provide a brief description of the project*. (1,500 characters or about 300 words)*

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Data Supporting the Need – Please identify current or recent organizational or practice data supporting the need or gap to be addressed by this project. We are most interested in your specific experience but will also consider national data that supports the request. *(1,500 characters or about 300 words)*

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Measurable Goals of Success and Anticipated Outcomes – Please identify anticipated outcomes or measures of success that this project is designed to deliver. In addition, please describe the way the data supporting these metrics will be captured. *(1,500 characters or about 300 words)*

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Description of Key Project Activities - Please list high level activities that will need to be accomplished to make the project a success. We are interested in seeing your initial action plan here. *(1,500 characters or about 300 words)*

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Beneficiaries –Description of population that will benefit from the project, including applicable demographic information. *(1,500 characters or about 300 words)*

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Sustainability – Describe how the work and/or impact will be supported and sustained by the organization or practice after the grant project has concluded. For instance, what strategy will be used to sustain and/or improve the goals achieved as part of the project, and as applicable, the continued financial support for the work.

*(1,500 characters or about 300 words)*

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Estimated Project Timeline:

Commencement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments – You are required to attach a Project Budget and a letter from executive leadership that evidences support for the project. You may also provide up to three additional documents in support of the project.

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| **Contact Information** |

Are you the primary contact person for this request?

Yes  No

If no, please provide primary contact information:

|  |  |  |
| --- | --- | --- |
| First Name: |  | |
| Last Name: |  | |
| Title: |  | |
| Phone: |  | Ext. |
| Mobile Phone (if available): |  | |
| Email Address (required): |  | |

Contact information of the person submitting application:

|  |  |  |
| --- | --- | --- |
| First Name: |  | |
| Last Name: |  | |
| Title: |  | |
| Phone: |  | Ext. |
| Mobile Phone (if available): |  | |
| Email Address (required): |  | |

*Please note that an email confirmation will be sent to the person submitting the online application. If a confirmation email is not received within 30 minutes, please contact* [*foundation@coverys.com*](mailto:foundation@coverys.com)*.*

*Depending on the grant amount requested, the grant review process may take up to eight weeks or longer. We will keep you informed via email about the status of your application.*

*A Grant Submission Agreement follows on next page. Please review it. The organization’s representative will be required to acknowledge and agree with each of the conditions stated in order to submit the grant application.*

Grant Submission Agreement

By submitting this application on behalf of the organization on whose behalf this application is submitted (“Applicant”), I confirm that I have the authority of the Applicant to submit this request and to agree to the conditions described below:

\_\_ Applicant represents and warrants that all information contained in the grant application and any associated materials is true and accurate to the best of my knowledge.

\_\_ Applicant acknowledges that submission of the grant application and any associated materials does not entitle Applicant to an award of funds.

\_\_ Applicant acknowledges and agrees that, if and to the extent its request for grant funding is approved, the receipt of grant funds is conditioned upon all such funds being used in direct furtherance of the project proposed in this application and in accordance with any written communication from the Coverys Community Healthcare Foundation (“CCHF”).

\_\_ Applicant agrees that no portion of such funds shall be retained by the Applicant as an administrative or processing fee for overseeing the project, for the Applicant’s general overhead, or for undisclosed salaries of current, temporary or future personnel.

\_\_ Applicant agrees to allow CCHF to share project information and outcomes so that the grant funds and the work supported by these funds may be scaled across other healthcare businesses for the benefit of others. Applicant will have prior approval before the release of any project information.

\_\_ Applicant acknowledges that CCHF may request and require additional operational and financial information at any time during the project timeline and agrees to provide additional financial and operational information upon request.

\_\_ Applicant acknowledges that the CCHF Reporting Guidelines have been reviewed and agrees to comply with these guidelines as established or as amended in the future.

\_\_ Applicant shall implement the project, as outlined in the proposal, within three (3) months of Applicant’s receipt of grant funds and will notify CCHF if project is delayed. Applicant agrees that grantee may seek return of any or all grant funds in the event Applicant fails to implement the project, and Applicant shall return any such funds requested.

\_\_ Applicant agrees to provide CCHF with any proposed press release, promotional announcement or other communication related to the award of grant funds for review and approval prior to publication.

\_\_ Applicant understands that grant funds may NOT be used to attempt to influence legislation, to influence the outcome of any public election, or carry on, directly or indirectly, any voter registration drive or to advance any purpose other than that for which grant funds have been awarded.

\_\_ Applicant attests that, in carrying out its operations, it does not unlawfully discriminate on the basis of race, creed, color, gender, national origin, religion, marital status, age, disability, sexual orientation, or status as veteran to any extent such discrimination is prohibited by law.

\_\_ Applicant acknowledges and agrees that CCHF may seek reimbursement of grant funds in the event it becomes aware that grant funds are being used for unapproved purposes or that Applicant has engaged in any form of impermissible discrimination or other unlawful activity.

\_\_ Applicant consents to receiving email notifications regarding this grant request and any subsequent emails from CCHF and its affiliates that relate to this request, or any future grants or sponsorships associated with this initiative.

The Grant Submission Agreement requires Applicants’ agreement to all statements above in order to complete the grant submission process.

I have read the Agreement above and agree to all the terms therein.