### 

### **2022 Health Grant Application**

Description

At CFT, we believe that a thriving community is one in which all people feel cared for, invested in, nourished and valued, and have an equitable opportunity to contribute to the well-being and growth of themselves, their families, and their communities.

### **Our grantmaking supports programs that address needs across the North Texas region, with a focus on those which:**

* Use data, best practices or proof-points of success to create measurable impact
* Support under-resourced communities by building on the assets of community members
* Improve access and outcomes for communities who have been marginalized or experienced discrimination
* Promote collaboration across other organizations

### **Funding Priorities:**

Through this grant opportunity, the Communities Foundation of Texas aims to support North Texan youth and young adults to live long and healthy lives by addressing unmet mental health needs.  While the prevalence of mental health disorders in children and adolescents has been increasing in recent years, the disruption of daily life caused by COVID-19 further added to the psychological distress of adolescents.   In 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children’s Hospital Association jointly declared the state mental health among youth as a national emergency, due to increases in anxiety, depression, and rising suicide rates for youth between the ages of 10 and 24.

Communities Foundation of Texas seeks to support the mental health needs of these youth and emerging adults, ages 10-24 years old, by investing in organizations with programs and services that are aimed at identifying, responding and preventing suicide. To this end, CFT is seeking applications from organizations in the following funding priority areas:

* Programs that provide affordable, evidence-based mental health therapies and interventions, such as cognitive-behavioral therapy or dialectical behavior therapy, targeted at youth and young adults
* Programming that helps identify and respond to mental health crisis in youth or provides care to schools and similar settings in the immediately following a suicide or suicide attempt, such as programs that train and empower caring adults and peers to identify and respond to signs of crisis
* Programs that provide accessible and youth-centered support groups and referral services
* Programs that include assistance for parents and caregivers of youth who have committed or attempted suicide, such as programs that include loss/grief support, as well as support in navigating care and treatment for their child as well as supporting the caregiver’s mental health

### **Funding Levels:**

Organizations can request a one-year grant for up to $50,000. An average grant from this cycle will be between $25,000 - $30,000.

### **Eligibility and Selection Criteria**

See below for our eligibility requirements.

#### [Who is Eligible to Apply?](https://www.cftexas.org/nonprofits/apply-for-a-grant/health-grant-cycle#collapse1)

To apply to CFT’s Letter of Inquiry process, your organization must meet the following eligibility requirements:

* Have a **501(c)(3)** tax-exempt designation from the Internal Revenue Service that has been active for **at least two years** as of September 1, 2021.
* Focus on serving youth and emerging adults, **10-24** years old.
* **At least 50%** of the population served must reside in one of the following counties:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Collin | Cooke | Dallas | Denton | Ellis |
| Erath | Fannin | Grayson | Hood | Hunt |
| Johnson | Kaufman | Montague | Navarro | Palo Pinto |
| Parker | Rockwall | Somervell | Tarrant | Wise |

#### [Who is NOT Eligible to Apply?](https://www.cftexas.org/nonprofits/apply-for-a-grant/health-grant-cycle#collapse2)

While there are many excellent organizations in our community that provide general mental health care and youth development programs, this grant cycle is targeted for crisis intervention programs. **The following efforts fall outside the scope of this funding process:**

* Awareness Campaigns
* Depression and suicide screenings within a healthcare or clinical setting
* Hospitals and Health Systems
* Church and religious organizations’ programs that are focused on evangelism

Application Questions

# General Information

**Primary Organization Contact Information**

In the following Primary Organization Contact fields, it is preferable that you list the information for your: **Executive Director / President / CEO**

Primary Organization Contact First Name\*

*Character Limit: 250*

Primary Organization Contact Last Name\*

*Character Limit: 250*

Primary Organization Contact Title\*

*Character Limit: 250*

Primary Organization Contact Email\*

*Character Limit: 254*

Primary Organization Contact Phone\*

Ex: XXX-XXX-XXXX

*Character Limit: 12*

**Primary Application Contact Information**

In the following Primary Applicant Contact field, please list the individual that will be available to answer any questions concerning this application.

Primary Application Contact First Name\*

*Character Limit: 250*

Primary Application Contact Last Name\*

*Character Limit: 250*

Primary Application Contact Title\*

*Character Limit: 250*

Primary Application Contact Email\*

*Character Limit: 254*

Primary Application Contact Phone\*

Ex: XXX-XXX-XXXX

*Character Limit: 12*

Primary Application Contact Alternate Phone

Ex: XXX-XXX-XXXX

*Character Limit: 12*

Organization Mission Statement\*

Provide the mission statement and a brief, high level overview of your organization’s work. (1,000 characters)

*Character Limit: 1000*

# Program Description

Project Name\*

Please name the program/project for which you are requesting funding.

*Character Limit: 100*

Program Description\*

#1

Detailed description of the program/services submitted for funding consideration, including type of therapy, age range of clients and how many clients you currently serve through this program.

*Character Limit: 10000*

Proposed Outcomes\*

#2

Please list the anticipated outcomes for the project, and briefly describe your process for evaluating and tracking outcomes.

*Character Limit: 10000*

Permitting Access to Service for Individuals with Limited/No Finances\*

#3

Please describe how your program allows people of limited to no financial means access to services.

*Character Limit: 10000*

Proposed Partners (if applicable)

#4

Please list any proposed partners, and descriptions of the collaborations proposed.

*Character Limit: 10000*

**Location of Services**

Counties Served\*

#6

Please check all that apply.

**Choices** Collin Cooke Dallas Denton Ellis Erath Fannin Grayson Hood Hunt Johnson Kaufman

Montague Navarro Palo Pinto Parker Rockwall Somervell Tarrant Wise

Top 5 Zip Codes Served\*

#7

Please create a list by hitting **Enter** after each zip code is listed.

Example: 75218

75228

75225

*Character Limit: 5000*

More Specific Areas Served

#8

Do you focus on any geographic areas that are more specific, such as a particular school district, neighborhood, city, etc.? Please list those here.

*Character Limit: 10000*

# Funding Request & Budget

Total Program Budget\*

#9

*Character Limit: 20*

Amount Raised to Date\*

#10

*Character Limit: 20*

Amount Requested from CFT Through This Application\*

#11

*Character Limit: 20*

# Leadership and Client Demographics/Numbers

**Current Board of Directors**

*For affiliates or subsidiaries of national or statewide organizations, please complete the following for your* ***local*** *leadership and board, if applicable.*

Race/Ethnicity of Board Chair\*

**Choices**

Asian/Pacific Islander Black or African American Hispanic or LatinX

Native American Other

Prefer Not to Say White non-Hispanic

Board | Total Number of Individuals\*

*Character Limit: 250*

Board | Number of Women\*

*Character Limit: 250*

Board | Number of Asian/Pacific Islander\*

*Character Limit: 250*

Board | Number of Black or African American\*

*Character Limit: 250*

Board | Number of Hispanic or LatinX\*

*Character Limit: 250*

Board | Number of Native American

*Character Limit: 250*

Board | Number of White non-Hispanic\*

*Character Limit: 250*

Board | Number of Two or More Races\*

*Character Limit: 250*

Board | Number of Other Race\*

*Character Limit: 250*

Board | Number of Unknown Race\*

*Character Limit: 250*

**Current Staff (Entire Organization)**

For affiliates or subsidiaries of national or statewide organizations, please complete the following for your **local** leadership and board, if applicable.

Race/Ethnicity of CEO/Executive Director\*

**Choices**

Asian/Pacific Islander Black or African American Hispanic or LatinX

Native American Other

Prefer Not to Say White non-Hispanic

Staff | Total Number of Individuals\*

*Character Limit: 250*

Staff | Number of Women\*

*Character Limit: 250*

Staff | Number of Asian/Pacific Islander\*

*Character Limit: 250*

Staff | Number of Black or African American\*

*Character Limit: 250*

Staff | Number of Hispanic or LatinX\*

*Character Limit: 250*

Staff | Number of Native American\*

*Character Limit: 250*

Staff | Number of White non-Hispanic\*

*Character Limit: 250*

Staff | Number of Two or More Races\*

*Character Limit: 250*

Staff | Number of Other Race\*

*Character Limit: 250*

Staff | Number of Unknown Race\*

*Character Limit: 250*

Diversity, Equity and Inclusion Goals

Share any efforts your organization is currently implementing or planning to implement in order to increase the diversity of the board and staff, provide racial equity education, or provide

racial equity training. *(10,000 character limit)*

*Character Limit: 10000*

**Clients Currently Served**

**If you do not serve clients, please enter a 0 for each of the following fields.**

Clients Currently Served | Total Number of Individuals\*

*Character Limit: 250*

Clients Currently Served | Number of Women\*

*Character Limit: 250*

Clients Currently Served | Number of Asian/Pacific Islander\*

*Character Limit: 250*

Clients Currently Served | Number of Black or African American\*

*Character Limit: 250*

Clients Currently Served | Number of Hispanic or LatinX\*

*Character Limit: 250*

Clients Currently Served | Number of Native American\*

*Character Limit: 250*

Clients Currently Served | Number of White non-Hispanic\*

*Character Limit: 250*

Clients Currently Served | Number of Two or More Races\*

*Character Limit: 250*

Clients Currently Served | Number of Other Race\*

*Character Limit: 250*

Clients Currently Served | Number of Unknown Race\*

*Character Limit: 250*

**Please list the ages currently served by your organization.**

**Only ages eligible through this grant application are shown. If you do not serve an age range, enter a 0.**

Clients Currently Served | 10-13\*

*Character Limit: 250*

Clients Currently Served | 14-18\*

*Character Limit: 250*

Clients Currently Served | 19-24\*

*Character Limit: 250*

**Clients Expected to Be Served by the Proposed Project**

**If you do not serve clients, please enter a 0 for each of the following fields.**

Clients Expected to Be Served for the Proposed Project | Total Number of Individuals\*

*Character Limit: 250*

Clients Expected for Proposed Project | Total Number of Individuals\*

*Character Limit: 250*

Clients Expected for Proposed Project | Number of Women\*

*Character Limit: 250*

Clients Expected for Proposed Project | Number of Asian/Pacific Islander\*

*Character Limit: 250*

Clients Expected for Proposed Project | Number of Black or African American\*

*Character Limit: 250*

Clients Expected for Project | Number of Hispanic or LatinX\*

*Character Limit: 250*

Clients Expected for Proposed Project | Number of Native American\*

*Character Limit: 250*

Clients Expected for Proposed Project | Number of White non-Hispanic\*

*Character Limit: 250*

Clients Expected for Proposed Proposed | Number of Two or More Races\*

*Character Limit: 250*

Clients Expected for Proposed Project | Number of Other Race\*

*Character Limit: 250*

Clients Expected for Proposed Project | Number of Unknown Race\*

*Character Limit: 250*

**Please list the ages currently served by your organization.**

**Only ages eligible through this grant application are shown. If you do not serve an age range, enter a 0.**

Clients Expected for Proposed Project | 10-13\*

*Character Limit: 250*

Clients Expected for Project | 14-18\*

*Character Limit: 250*

Clients Expected for Project | 19-24\*

*Character Limit: 250*