SENTARA®

OptimaHealth | **VirginiaPremier**

GUIDELINES & APPLICATION INFORMATION

Sentara Cares is designed to improve the health status and overall well-being of our communities. Organizations that meet eligibility requirements and demonstrate an ability to make an impact on the program's mission are invited to help us in this cause. Please refer to Sentara's Community Health Needs Assessments to learn more about our regional priorities - Community Health Needs Assessments>>

ELIGIBILITY:

- Applicants must be 501(c)3 non-profit organizations or governmental agencies that provide healthcare-related services to the underserved in Sentara Healthcare's markets.
- The requested funding must support a program/project that strategically aligns with the outlined priority areas.

PRIORITY AREAS:

Priority: Affordable Housing

Sentara seeks to provide affordable housing for members of our communities by partnering with agencies who can creatively address a variety of issues in this priority area.

Priority: Skilled Careers

We are dedicated to educating and training people so that they have improved and sustainable economic opportunities, which will enhance the overall quality of life. We invite partners to apply who can provide services for such populations that include but are not limited to the Asset-Limited Income-Constrained Employed (ALICE) and veteran populations.

Priority: Food Security

Sentara is committed to improving food security in our communities through innovative programs that will increase access to and provide healthy nutritious meals. These include nutrition education programs, food banks, and pantries across both the public and private sectors.

Priority: Behavioral Health

Programs/projects that provide direct or supportive services are encouraged to apply. These include behavioral health and substance abuse treatment, medical case management, life skills training, coping skills training, and interpersonal skills development.

Priority: Community Engagement

Sentara is committed to improving public health and supporting community based programs that aim to support diversity, health equity, and health programs. Sentara improves the quality of life enjoyed by residents in our community through ongoing support of cultural programs, recreational features, and educational enrichments.

ELIGIBILITY - COMMUNITY GRANTS
- Nonprofit organizations classified as tax-exempt under Section 501(c)(3) of the Internal Revenue Code, or a government agency may apply.
- Organizations must serve communities or populations residing in the Sentara service areas of Virginia and North Carolina.

SELECTION PRIORITIES
Priority will be given to proposals that demonstrate:

- Timeline for project implementation should be one year with a January start date
- Matching funding, in-kind support, leveraging of other funds
- Inclusion of a sustainability plan if the project will continue outside of the grant funding period
- Demonstrate engagement with community partners and stakeholders
- Demonstrate service delivery to underserved populations
- Inclusion of objectives with measurable outcomes to demonstrate impact

Grant fund use includes capital expenses and equipment costs, direct program services, limited external consulting if necessary, administrative expenses not to exceed 15% of the total budget request.

OTHER CONSIDERATIONS

- Individual discussions may be facilitated with the applicants to ensure alignment with the mission of Sentara Cares.
- Requests may be made to modify applications during the proposal process
- Subcontractors must be approved
- Conflict of Interest/Disclosure statements will be signed prior to the final award/project implementation

IMPORTANT DATES

- **September 15** – Technical support webinar (attendance encouraged) - Portal opens
- **September 30** - Full proposals due
- **November 30** - Selection notifications sent out
- **December 10** – Letter of Agreement signed by both parties
- **December 20** – Initial payment distribution complete

Please direct questions to
SentaraCares@sentara.com

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Contact Information

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Sentara Grant Application - Organization Contact and General Information

Note: Please fill out this application in reference to the particular project for which you are requesting funding.

Organization Info

Applicant Organization *

Tax ID Number *

Website *

Street

City

State
Please select...

Zip

Proposal Contact

First Name *

Last Name *

Position *

Email *

Email Confirmation *

Phone *

CEO/Executive Director (if different from proposal contact)

First Name

Last Name

Position

Email

Phone

Applicant Organization Information

Provide the mission and a brief history of your organization. (2,000 character limit)

Provide a summary of your organization's recent accomplishments. (2,000 character limit)

Situational Factors - Explain both the opportunities and challenges currently facing the applicant organization. (1,000 character limit)

Board Composition

Please enter the percentages of your board composition:

Race

White	Black/African American	American Indian/Alaska Native	Native Hawaiian or Other Pacific Islander

Ethnicity

Hispanic	Non-Hispanic

Gender

Male	Female	Non-binary	Other

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Objectives and Demographics

Note: Please fill out application in reference to the particular project you are requesting funding for.

Program Information

Service Area Instructions

- Please select the most specific match for the project service area.
- If the project is operating in multiple service areas, move up to the next most specific.

Example:
    Program operates in Norfolk and Newport News:

1. Select Hampton Roads

Example:
    Program operates in Richmond, Hampton Roads, and Northern Virginia

1. Select System-wide

Region | Western Region ▾

Service Area | Please select... ▾

Amount Requested * | $ [   ]

Intended Program Start Date * | 1/1/2022

Grant Category * | Please select... ▾

Secondary Grant Category * | Please select... ▾

Is there a Sentara Employee/Board member on your board or assisting with your submission? *
🔘 No   ⚪ Yes

Program/Project Name * [   ]

Proposed Number of People Served * [   ]

Objectives

List at least three (3) specific, measurable and quantifiable objectives of the program/project. The objective should be to increase, decrease, or maintain a specific metric from its existing value to a new value. The metric can be a number or a percentage. If the intention is to maintain, then the numbers should be the same. If it is a new objective that has not been tracked before, it should be from 0 to the intended value.
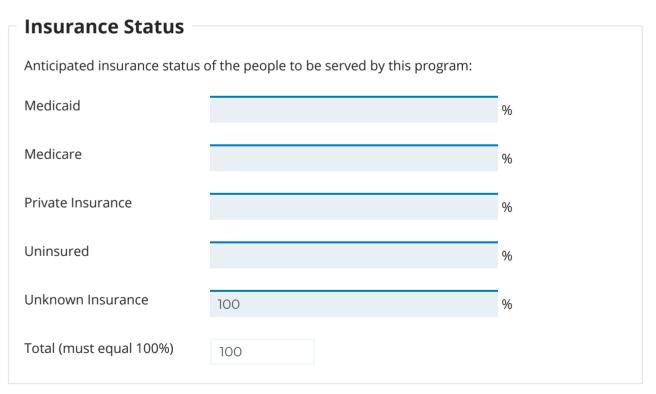
For example: [Increase] the [% percentage] of [clients with positive outcomes] from [80] to [85] by [date] (fields in brackets).

Process objectives may also be inserted with the goal to complete the process by a specified date.
For example: [Complete] the [process] of [hiring a program director] by [date] (fields in brackets).

Intention *

Please select...

Value Type *

Please select...

Objective *

(200 character limit)

By Date: *

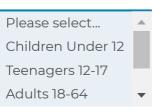Objective Notes: Describe how this objective relates to the overall project (500 character limit)
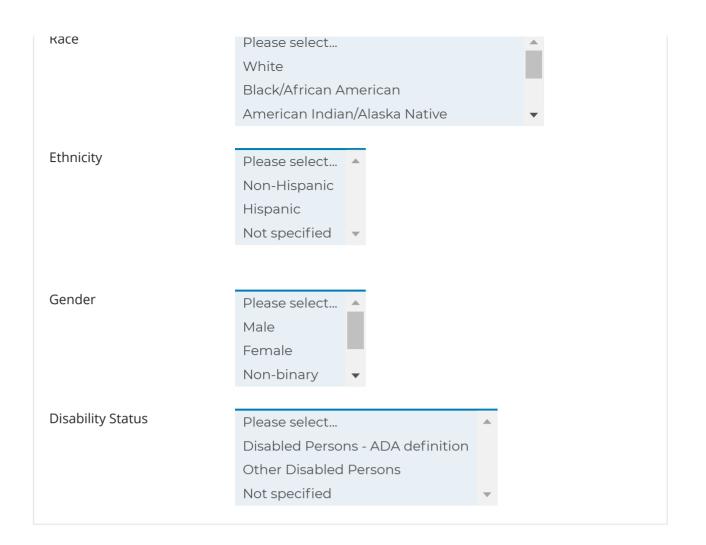
Click here to add new objectives>>

Insurance Status

Anticipated insurance status of the people to be served by this program:

Medicaid

%

Medicare

%

Private Insurance

%

Uninsured

%

Unknown Insurance

100 %

Total (must equal 100%)

100

Demographics

Use **ctrl** (windows) or **cmd** (mac) to select all that apply for the intended target population for this program:

Age

Please select...
Children Under 12
Teenagers 12-17
Adults 18-64

Race

Please select...
White
Black/African American
American Indian/Alaska Native

Ethnicity

Please select...
Non-Hispanic
Hispanic
Not specified

Gender

Please select...
Male
Female
Non-binary

Disability Status

Please select...
Disabled Persons - ADA definition
Other Disabled Persons
Not specified

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Contact Information

Program Information Continued

Program Information Continued

Provide a brief description of the overall goal of your request and what the applicant organization plans to accomplish with the requested funding (1,000 character limit):

Provide a brief description of the target population (1,000 character limit):

Community Need - Describe the existing need in the community for the program. Include evidence of this unmet need (e.g. local data, published statistics and/or research). (1,000 character limit):

Have you received funding from Sentara Healthcare or a Sentara affiliate, e.g. (A Sentara Hospital; Optima Health; Virginia Premier) in the past year?

🔘 No   ⚪ Yes

Describe any formal collaborations with other agencies or community initiatives that assist you in achieving the proposed objectives (1,000 character limit). (e.g. Oral Health Coalition, Homeless Continuum of Care, Youth Partnership, Regional Task Force to End Homelessness, SHR Home Visiting Alliance, etc.)

Self-Evaluation - How will you evaluate the success of the program? How often will it be evaluated? (500 character limit)

Has your organization developed a plan to address diversity, equity, & inclusion? If so, please explain your efforts. (1,000 character limit):

How will you sustain this program/project beyond the grant period? Please list specific steps. (2,000 character limit)

Total Organization Budget $

Total Program/Project Budget $

Attachments

Please submit the following attachments [Files can be no larger than 25 megabytes (25mb)]

Program/Project Budget

Choose File   No file chosen

Max file size = 25mb

List of Organization's Board of Directors

Choose File   No file chosen

Max file size = 25mb

IRS confirmation of tax ruling and 501(c)3 ruling

Choose File   No file chosen

Max file size = 25mb

IRS Form 990

Choose File   No file chosen

Max file size = 25mb (If file size exceeds 25mb, please call 757-455-7976)

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