

Northeastern Vermont Regional Hospital Community Health Fund Granting Criteria 2024

For NVRH fiscal year 2024, grant applications are available as of September 14, 2023 at https://nvrh.org/community-health-fund/ and are due on October 20, 2023. The NVRH Community Health Advisory Committee reviews and approves applications between October and November. Grants awards will be announced by December 1, 2023 for the project period through September 30, 2024.

Granting Criteria

In general, grants are given to organizations that meet these criteria:

- 501©3 organizations, municipalities, and faith-based organizations serving people in the NVRH primary service area
- Has a mission to provide programs, services, or activities that promote health and healthy communities
- Can provide a clear link to an identified community need
- Exhibit a collaborative, partnership approach to delivering services
- Have measurable goals and objectives for grant-funded services/activities

The NVRH Community Health Fund supports programs, services, and projects. **Please be specific as to which program, service, or project the money will fund** (this is not to be used as general donations to an organization). Further, NVRH does not fund endowments, capital campaigns, general operations, or individuals. The NVRH Community Health Fund will fund equipment if it is integral to an otherwise eligible project.

Preference is given to organizations not funded in the past, however, formerly funded and eligible organizations are encouraged to apply. To be considered for funding of the same program again this year, past grant recipients should use the narrative portion of the application to provide information demonstrating growth (in number of participants and/or expansion of service area) in currently funded programs or services.

Grant Priority Focus Area for 2024

From our Community Health Needs Assessment for Community Health Funds, NVRH has identified *Health Equity and Resilience* as a priority for this grant cycle.

Definition of Health Equity: Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness, lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Robert Wood Johnson Foundation. Braveman P, Arkin E, Orleans T, et al. "What is Health Equity? And What Differences Does a Definition Make?".

Resilience is the ability to thrive, individually and collectively in the face of adversity.

Vermont Resilience Messaging Guide.

vermont Resilience Messaging Guide.



Grant applications meeting priority criteria will receive first consideration for funds.

Additionally, priority will be given to applications that include a plan to sustain the service/program/project after the grant period ends.

Application Process

The application document is available at https://nvrh.org/community-health-fund/ (under the Community Resources tab).

Application documents include:

- Application Form
 - The Application Form is on pages 3 and 4 of this document.
- Budget Form
 - The Budget Form is on page 5 of this document or as an Excel document on the NVRH website.
- Additional documentation:
 - Copy of tax exempt status from IRS (for non-profits)
 - Letters of support for the project from at least 2 community partners (more if applicable)
 - Applicants may be asked to supply additional information not specifically outlined in the grant application

Completed applications can be sent or emailed to:

Diana Gibbs, VP Marketing and Community Health Improvement NVRH PO Box 905 St. Johnsbury, VT 05819 d.gibbs@nvrh.org

Applicants chosen must submit a 1-3 page written **After Action Report** by October 31, 2024. The After Action Report can be accessed at https://nvrh.org/community-health-fund/ and will be provided to grantees via email. Grant recipients are strongly encouraged to provide updates to the committee during the grant year.

For 2024 NVRH will award an estimated \$15,000.00. Historically, individual grant amounts have ranged from \$1,000 - \$5,000.

Towns in the NVRH Service Area*: Barnet, Barton, Burke, Concord, Danville, East Haven, Gilman, Glover, Granby, Guildhall, Kirby, Lunenburg, Lyndon, Maidstone, Newark, Peacham, Ryegate, Sheffield, St. Johnsbury, Sutton, Victory, Walden, Waterford, and Wheelock.

Questions? Contact Diana Gibbs at (802) 748-7590 or d.gibbs@nvrh.org



NVRH Community Health Fund Grant Application Form 2024

Organization Name:					
Mission Statement: (can be attached	ed)				
Physical and Mailing Address:					
Contact Name:					
Job Title/Role:					
Email:	Phone:				
Project is linked to the 2024 priori Health Equity	ity areas, check all that apply:				
Resilience					
attach a 1-3 page narrative to des need and plans to sustain the init Formatting: double-spaced, 10 – 12 Please do not use acronyms; you					
Application Checklist: Mission Statement Application Template and 1-3 Budget Form Letters of Support (2 required Tax Exempt Notice (required List other attachments:	d)				
Authorized Signature:	Date:				
Print Name:					



NVRH Community Health Fund Application Template

Please use this template; keep answers concise

Brief (one or two sentences) description of the strategy:
Target Population (for example: age, gender, geographic area, health disparity) Include number of people you expect to be impacted by this initiative.
Does this project meet the criteria for promoting health equity and resilience? Please
explain.
What is the need in the community you are trying to address?
Goal and/or objectives: How will you tell if anyone is better off?
Partner agencies for this strategy:
What are the amounts and sources of other funding (if any)?
Describe any ideas for sustaining this strategy:
Outline the timeframe for the strategy, including start and end dates:
Canno the inferior of the strategy, morating start and one dates.

Please attach a 1 – 3 page narrative describing the program/service/intervention and sustainability plans.



NVRH Community Health Fund Budget Template Please use this template (add lines as needed)

Organization Name:	
Total Amount Requested:	
Submission Date:	

	NVRH Request Amount	Amount from Other Sources	Total Cost	Name of Other Sources
Program Expenses: (list by line item)	Troquest 7 une unit		Total Got	omor oduroco
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Totals	\$	\$	\$	