**Northeastern Vermont Regional Hospital**

**Community Health Fund**

**Granting Criteria**

**2026**

For NVRH fiscal year 2026, grant applications are available as of September 9, 2025 at <https://nvrh.org/community-health-fund/> and are due on **October 17, 2025**. The NVRH Community Health Advisory Committee reviews and approves applications between October and November. Grant awards will be announced by December 1, 2025, for the project period through September 30, 2026.

**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. Organizations previously awarded funding must have submitted all required After Action Reports for prior grants to be eligible for additional funding.*

**Grant Priority Focus Area for 2026**

Based on the Community Health Needs Assessment conducted in 2024, NVRH has identified *Health Promotion and Disease Prevention* through a health equity lens as the priority for this grant cycle for Community Health Funds. The overarching goal for this funding cycle is to support efforts that lead to a reduction in the chronic disease burden prevalence in the Northeast Kingdom. To learn more about the 2024 Community Health Needs Assessment priorities, visit: <https://nvrh.org/community-health-needs-assessment/>.

**Definitions:**

**Health Promotion**: Programs or approaches that aim to engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities (Rural Health Information Hub).

**Disease Prevention:** Specific efforts aimed at reducing the development and severity of chronic diseases and other morbidities (Rural Health Information Hub).

**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?”.)

**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 3-5 of this document.
* **Budget Form**
	+ The Budget Form is on page 6 of this document, or as an Excel document that may be downloaded 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 mailed or emailed to:**

Diana Gibbs, VP Community Health Improvement

Northeastern Vermont Regional Hospital

1315 Hospital Drive

St. Johnsbury, VT 05819

d.gibbs@nvrh.org

Applicants chosen for funding must submit written **After Action Report** by October 31, 2026. 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 2026, 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**

**2026**

**Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mission Statement** (can be attached): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical and Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title/Role:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project is linked to the 2026 priority areas, check all that apply:**

Health Promotion

Disease Prevention

**Please use the *attached template* to answer basic questions about your proposal. Please attach a 1-3 page narrative to describe the strategy you are proposing to address a community need and plans to sustain the initiative.**

**Formatting:** double-spaced, 12-point font

***Please do not use acronyms; you may provide a glossary of terms. Applicants may attach any supplemental materials that support their application e.g. program brochures.***

**Application Checklist *(Applications that do not include all required components will NOT be considered for funding)*:**

 Mission Statement (required)

 Application Template and 1-3 Page Narrative (required)

 Budget Form (required)

 Two Letters of Support (required)

 Tax-exempt Notice (required for non-profits)

 List other attachments (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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) – **please include number of people you expect to be impacted by this initiative:** |
|  |
| **Does this project meet the grant priority focus area of health promotion and disease prevention? 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:** |
|  |

**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)** |   |   |   |   |
|   |  $ |  $ |  $  |   |
|   |  $ |  $ |  $  |   |
|   |  $ |  $ |  $  |   |
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| **Totals** |  $ |  $ |  $  |   |