

# 2026 Healthy Communities Delaware - Community Funding (Spring)

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*Delaware Community Foundation*

## **ORGANIZATION INFORMATION**

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### **Primary Organization Name**

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### **Contact Person's Name\***

*Character Limit: 250*

### **Contact Person's Email\***

*Character Limit: 254*

### **Contact Person's Phone Number\***

*Character Limit: 15*

## **FISCAL SPONSORSHIP**

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### **Fiscal Sponsorship Status**

If your organization is using a Fiscal Sponsor, please provide the sponsor's name, a brief explanation of the relationship, and upload your sponsorship agreement below. **(If you are a 501c3 and do not have a sponsor, simply type "N/A").**

*Character Limit: 5000 | File Size Limit: 4 MB*

## **HCD PROPOSAL**

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**Please complete the fields below.**

### **Project Name\***

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### **Investor Pitch\***

Please provide a 2-3 sentence summary of the proposed work. This summary will be shared with potential collaborative funders.

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**Estimated Start Date\****Character Limit: 10***Estimated End Date\****Character Limit: 10***Eligible Census Tracts / Census Block Group\***

The opportunity is intended to support eligible Delaware census tracts and/or census block groups experiencing the greatest inequities. Which census tract(s) and/or census block group(s) will benefit from the proposed work?

*Character Limit: 250***Community Name\***

What is the name of the community that will benefit from the proposed work?

*Character Limit: 250***Guided by the Community\***

How did your community help shape this project? For each proposed project, please share the following:

- **The Process:** Who was involved (e.g. residents, partners, committees, civic groups, etc.) and how did you work together to decide this project was a priority?
- **Alignment with Existing Plans:** How does this project advance your community's existing revitalization or comprehensive plan? If your community does not have a plan, please note that in your response.

Space Limit: Up to ~1.5 -2 single spaced pages. Shorter, direct responses are encouraged and sufficient.

*Character Limit: 5000***Community Engagement and Accountability\***

For each proposed project, summarize your plan for continuous and meaningful engagement with, and accountability to, residents and community partners throughout the grant period.

- Describe how you will ensure residents and community partners are continuously involved in the proposed work.
- Provide a summary of how, when, and to whom progress updates and project outcomes will be reported to ensure transparency, accountability, and collaboration with residents and community partners.

Space Limit: Up to ~1.5 -2 single spaced pages. Shorter, direct responses are encouraged and sufficient.

*Character Limit: 5000*

## Action Plan\*

This opportunity specifically supports Policy Systems, and Environmental (PSE) interventions that advance community Vital Conditions. Please upload your draft Action Plan using the required template (available on the DCF website).

- **File Format:** The uploaded file must be in .xlsx or .xls format (PDFs will not be accepted).
- **Required Content:** For each proposed project/strategy, create a new row and complete the following columns: Project PSE Goal, Resources, Activities/Timeline, Outputs and Outcomes.

*File Size Limit: 6 MB*

## Strategic Rationale\*

Your Action Plan already tells us about your planned activities. Please use this section to explain the reasoning and evidence behind your strategy.

- **Impact & Logic:** Describe the specific PSE change you intend to achieve and the Vital Condition it will improve. Walk us through the logical connection: How will your project's immediate outputs (e.g., a revitalization plan, a new steering committee, or architectural designs) trigger this broader community change?
- **Evidence:** Why is this the right strategy? To show that this approach is likely to succeed, please reference a proven model (e.g., recognized by CDC, Urban Institute), evaluation/research findings from a similar intervention, or documented local results.
- **Sustainability:** How is this change durable? Once the 12-month grant ends, explain how the PSE change will be maintained (e.g., through policy adoption, shifted organizational budgets, or lasting environmental changes).

Space Limit: Approximately 3-4 single spaced pages. Shorter, direct responses are encouraged and sufficient.

*Character Limit: 10000*

## Project Readiness & Organizational Capacity\*

Demonstrate your ability to execute the Action Plan within the 12-month grant period. For each proposed project, please address the questions below. Bullets are welcome.

- **Building on Past Work:** Briefly explain how the proposed project builds on work currently or previously completed work. Indicate whether or not the current or previously completed work was funded by HCD.
- **Team & PSE Experience:** Briefly explain the team's experience with similar policy, systems, or environmental work.
- **Current Status:** Detail the status of essential preparation (e.g., permits, internal and external approvals, draft MOUs/contracts with partners).
- **Financial Resources:** Confirm that, upon receiving this award, you will have the full financial and staff resources needed to execute the action plan. If no, please explain briefly below.
- **Risk Mitigation:** Identify any key factors outside your control that might hinder the completion of this project within 12 months, and describe your specific plans to mitigate those

identified risks.

Space Limit: Approximately 1.5 -2 single spaced pages. Shorter, direct responses are encouraged and sufficient.

*Character Limit: 5000*

## **BUDGET**

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### **Budget\***

Please upload your Budget using the required template (available on the DCF website).

- **File Format:** The uploaded file must be in .xlsx or .xls format (PDFs will not be accepted).

*File Size Limit: 6 MB*

### **Total Request Amount\***

What is the total amount of funding that you are seeking from HCD?

*Character Limit: 20*

### **Other Funding\***

Have you applied for or are you currently receiving Highmark BluePrints for the Community funding directly?

#### **Choices**

Yes

No

## **OPTIONAL SUPPORTING DOCUMENTS**

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### **Additional Supporting Document 1 (OPTIONAL)**

Upload additional supporting documents, such as a community needs assessment, community revitalization plan, action plan, or a logic model.

*File Size Limit: 5 MB*

### **Additional Supporting Document 2 (OPTIONAL)**

Upload additional supporting documents, such as a community needs assessment, community revitalization plan, action plan, or a logic model.

*File Size Limit: 5 MB*

## *PAYMENT PROCESSING*

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Grant awards will be processed through direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to process payment to your organization, if awarded.

### **Authorization of Payment\***

I (we) authorize the Delaware Community Foundation to electronically credit my (our) account (and, if necessary, electronically debit my (our) account to correct erroneous debts) as follows:

#### **Choices**

Checking Account

Savings Account

### **Attach Bank Account Details (Voided Check or Letter from Bank)\***

Please attach either a voided check or a letter from the bank verifying your account number. This will allow for accuracy of bank details and for efficient payment processing.

*File Size Limit: 1 MB*

### **Signature to Authorize Payment Processing:\***

I (we) understand that this authorization will remain in full force and effect until I (we) notify Delaware Community Foundation in writing that I (we) wish to revoke this authorization. I (we) understand that the Delaware Community Foundation requires at least 5 business days prior notice in order to cancel this authorization.

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## *ACKNOWLEDGEMENT*

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### **Applicant Authorization\***

Please indicate which applies

#### **Choices**

I am the Authorized Personnel to submit this application on behalf of the organization

I am the Executive Director/CEO authorized to submit this application on behalf of the organization

### **Signature of Executive Director/CEO or Authorized Personnel\***

I acknowledge by typing my name below, I am providing an electronic representation of my signature for all purposes of completion of this grant application and have authorization as the Executive Director/CEO or authorized personnel to submit this application on behalf of the organization.

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