

2026 Highmark SMALL Grants - BCBSD BluePrints for the Community

Delaware Community Foundation

I. ORGANIZATION INFORMATION

Name and Title of Contact Person*

Character Limit: 250

Contact Email*

Character Limit: 50

Contact Person's Telephone Number*

Character Limit: 10

Primary Organization Name

Character Limit: 250

EIN

Character Limit: 250

Name of Executive Director/CEO*

Character Limit: 100

Executive Director/CEO Email*

Character Limit: 254

Executive Director/CEO Phone Number*

Character Limit: 10

If Your Organization is a Subsidiary, Please List the Parent Organization

Character Limit: 250

Fiscally Sponsored*

Please list the organization if being Fiscally Sponsored and explain why you require a fiscal sponsor. Upload the fiscal agreement verifying your Fiscally Sponsored relationship.

Please put n/a if this does not apply.

Character Limit: 2000 | File Size Limit: 1 MB

Organization Website*

Character Limit: 2000

Organization Geographic Area(s) Served (Please List)*

For example: Statewide, New Castle County, Kent County, or Sussex County.

Character Limit: 500

Mission Statement or Brief Organization Overview (A few sentences)

Character Limit: 1000

How Many Years Has the Organization Been in Operation?*

Character Limit: 3

Organizational Experience*

Explain the organization's experience in administering the work outlined in this proposal and/or support for why you will be successful.

Character Limit: 5000

II. SMALL GRANT PROGRAM/PROJECT DETAILS

BluePrints Priority Areas*

Choose **ONE** BluePrints focus area your application most fully aligns with:

Healthcare Access (e.g: preventative care, disease specific, health literacy, research, etc.)

Economic Stability for families and individuals (e.g.: financial resources strains, food insecurity, housing stability, etc.)

Social and Community Context (e.g.: mental health, physical activities, social connections, etc.)

Neighborhood and Built Environment (e.g.: safety, transportation, environmental health, infrastructure, etc.)

Health Workforce (e.g.: training, upskilling, further education, provider practice improvements, etc.)

Choices

Healthcare Access

Economic Stability for families and individuals

Social and Community Context

Neighborhood and Built Environment

Health Workforce

If you picked Healthcare Access

Please check the example below closest to your project focus.

Choices

Preventative Care
Disease Specific
Health Literacy
Research

If you picked Economic Stability for families and individuals

Please check the example below closest to your project focus.

Choices

Financial Resources Strains
Food Insecurity
Housing stability

If you picked Social and Community Context

Please check the example below closest to your project focus.

Choices

Mental Health
Physical Activities
Social Connections

If you picked Neighborhood & Built Environment

Please check the example below closest to your project focus.

Choices

Safety
Transportation
Environmental Health
Infrastructure

If you picked Health Workforce

Please check the example below closest to your project focus.

Choices

Training
Upskilling
Further Education
Provider Practice Improvements

Program/Project Name*

Character Limit: 100

Program/Project Executive Summary*

This summary should clearly and concisely explain **WHO** is being served, **WHAT** the program or project is, **WHY** the program or project is needed, **HOW** it will be executed and the anticipated impact. This will be the summary that the BluePrints Advisory Council and Highmark Board will see.

Character Limit: 1200

MEASURING SUCCESS

Measuring Success*

Explain what progress or success would look like and how it will be achieved, tracked and measured. At the end of the grant year, the DCF will request a virtual report with a minimal written component. Please provide 3-5 ways your organization will measure success.

Character Limit: 2000

Proposed Timeline*

Provide a high-level timeline to execute the program/project. If awarded, use of funding should begin within 3 months of receiving the funds and generally be expended within 12 months.

Character Limit: 1000

Who does the proposal aim to benefit?*

Select all that apply as relevant to this application and its proposed health outcomes.

Choices

General Population
 Specific Gender or Gender Identity
 Specific Ethnicity or Race
 LGBTQA
 Differently Able
 Veterans/Military
 Infant & Youths, 0-15 Years
 Young Adults, 15-24 Years
 Aging Adults, 55+
 Other

Specific Gender/Identity/Ethnicity/Race or Other

If you picked **Specific Gender or Gender Identity, Specific Ethnicity or Race or Other** above, please provide that information.

Character Limit: 250

How many individuals and/or defined groups to be served?*

For example, 500 cancer survivor patients and their families.

Character Limit: 250

Target Population Income Limits*

If relevant to this application, identify the income limits of the target population.

Please note: Per HUD FY 2026 Income Limits:

Median Family (4-person) income for MSA Philadelphia-Camden-Wilmington, PA-NJ-DE-MD is \$94,500

Low Income (80%) Median Family Income is \$75,600

Choices

- Low-Income (<50% of median income)
- Low-Moderate-Income (50% - 80% of median income)
- Upper-Income (>80% of median income)
- All of The Above
- Does Not Apply

Percentages of Each Population Checked

For example, Low-Income 60%, Low-Moderate Income 20%, Upper Income 20% = 100%. Enter n/a if this does not apply.

Character Limit: 750

Partners/Collaboration*

Who are you partnering or collaborating with - community based organizations, local residents, state agencies, etc.?

Identify those partners and their role in your proposal. Put n/a if not applicable.

Character Limit: 1000

Where geographically will most of the program serve?*

Provide the area(s) below.

Choices

- Statewide
- New Castle County
- Kent County
- Sussex County

Primary Geography Served - Zip Codes

Please list the 5 primary zip codes served by your organization.

Zip Code

III. FUNDING

Program/Project Budget*

Character Limit: 20

Amount Requested*

Guidelines are requests should be less than \$50,000.

Character Limit: 20

Substantiate Need (Budget Narrative)*

Describe the specific uses for BluePrints funds for the program/project. If this is part of a larger or longer-term program/project, specify how BluePrints funds will be used within the phase or portion of the program/project.

Character Limit: 1000

Partial Funding*

Please let us know if this project can still happen with Highmark partial funding.

Character Limit: 250

IV. DEMOGRAPHIC DATA

The Delaware Community Foundation would like to collect demographic data on your Board of Directors. Please note that answers to these questions will not affect the eligibility of your proposal.

Demographic Data

At the DCF, we are committed to building opportunity for all. The DCF has made several organizational commitments to this end and we'd like to hear from you on how your organization is thinking about this:

For example:

- Do you incorporate the perspectives of the population served in program design and delivery?
- Has your organization hosted cultural sensitivity training for staff and/or board of directors?
- Is your organization seeking out cross-cultural experiences that encourage awareness of other cultures or spend a day in the life of the community members you serve?

Character Limit: 2500

How many serve on your Board of Directors?*

Character Limit: 20

Race & Ethnicity (#)

	Board Members	Staff	Senior Staff
Asian American/Pacific Islanders/Asian			
Black/African American/African			
Hispanic/Latino/Latina/Latinx			
Native American/American Indian/Indigenous			
White/Caucasian/European			
Multi-Racial/Multi-Ethnic (2+ races/ethnicities)			
Decline to state			
Unknown			

Gender Identity (#)

	Board Members	Staff	Senior Staff
Female			
Male			

Non-binary			
Decline to state			
Unknown			

V. REQUIRED DOCUMENTS

Program/Project Budget*

Please provide budget detail for the program/project for which you are applying, including what expenses are included in this grant request.

File Size Limit: 5 MB

Organization Budget*

Please provide budget detail for the organization. **List any current or previous BluePrints funding, including year, proposal name and amount.**

File Size Limit: 5 MB

Copy of the Most Recent Audited Financials and IRS Form 990*

Organizations that have only completed one fiscal year, please provide accounting records showing the most recent board-approved financials.

File Size Limit: 10 MB

Board List*

Please upload a list of your organization's board of directors.

File Size Limit: 1 MB

IRS Determination Letter*

File Size Limit: 1 MB

Additional Attachment (Optional)

Please upload a photo or collateral that helps visually support the proposed project. Please include a brief description of the attached photo. **Please note that these will be reviewed as part of the evaluation process and may be shared with select DCF fundholders.**

File Size Limit: 7 MB

VI. PAYMENT PROCESSING

Grants will be processed through Direct payment via ACH transfer. Please complete the fields below to allow the Delaware Community Foundation to award grants 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 credits) as follows:

Choices

Checking Account

Savings Account

Attach Bank 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: 6 MB

Signature: Agree and Approval for Payment Processing*

I (we) understand that this authorization will remain in full force and effect until I (we) notify the 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.

Character Limit: 50

VII. ACKNOWLEDGEMENT

Signature of Applicant Organization's Executive Director/CEO*

By typing your name below, you confirm application organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, national origin or sexual orientation.

Character Limit: 100

Signature of Person Completing Application*

By typing your name below, you confirm application organization does not discriminate in staffing or services on the basis of race, religion, gender, age, disability, national origin or sexual orientation.

Character Limit: 100