

Thank you for your interest in the NorthShore University HealthSystem Community Investment Fund. To learn more about the goals, grant program, and previous grant partners, please visit us at <https://www.northshore.org/cif>

If you have any questions on the application, please contact us at community@northshore.org.

Organization:

Please tell us about the organization(s) applying for the grant.

Organization Name:	
Address:	
Website:	
Mission:	
Leadership: Please share information on your leadership team and key team members that highlights their experience with programs similar in type or complexity to the proposed program/project in this application. You may choose to add this information below or attach an additional document to the end of this application. Please limit your leadership submission to 500 Words.	

Tax Status and/or Organization Designation:

Does your organization qualify as any of the following? See the definitions page at the end of the application for more information on each designation.

Select all that apply.

- 501(c)(3) non-profit status
- BIPOC organization
- Minority Business Enterprise (MBE)
- Women-owned Business Enterprise
- Tribal organization

Prior Work:

Please share a recent success story from your organization or a program that you are proud of.

Annual Report, Impact Statement, and Financial Statement:

Please attach your most recent annual report, impact statement, and/or other financial documentation that reflects both the work and financial strength/status of the organization

Primary Contact:

Please let us know who we should be in touch with and how to best get a hold of them.

Contact Name:	
Title:	
Address:	
Email:	
Phone Number:	

Program/Project:

Please tell us about the program or project which you are applying for grant funding.

Program Name:	
Community Health Need: Please select the identified community health need that your program emphasizes or supports. <i>Select all that apply.</i>	
<input type="checkbox"/> – Access to and coordination of healthcare <input type="checkbox"/> – Access to behavioral health care <input type="checkbox"/> – Prevention and management of chronic conditions and diseases	
Area(s) of Focus: In what areas does your program seek to support the community? <i>Select all that apply.</i>	
<input type="checkbox"/> – Social Determinants of Health, such as housing, transportation, neighborhood safety, racism, discrimination, violence, education, job opportunities, income, access to nutritious food, access to physical activity opportunities, air quality, water quality, language, literacy. If selected, please describe below. <input type="checkbox"/> – Health Equity, such as access to health care and eliminating health disparities <input type="checkbox"/> – Behavioral Health and Wellbeing <input type="checkbox"/> – Economic Security, such as education, job opportunities, career development, income. If selected, please describe below. <input type="checkbox"/> – Other, please describe below.	

Identified Need:

Please describe the specific identified want or need within the community and details about the community members/population who are experiencing the want or need, such as race and socioeconomic breakdown. Please also share how you have identified or confirmed the community want or need.

Program Description:

Please briefly describe the program, including how it will address the identified need.

Population Served:

Please share information about the population anticipated to be served by the program. This may be part or all of the community members/population addressed in the identified need discussed above.

Plan/Timeline:

Please detail the program plan including key milestones and timelines. Describe projected staffing needs including whether additional team members will need to be on-boarded for the program. Please also share any collaborations needed with external groups to successfully execute upon the plan.

Program Impact & Measurement

Intended Impact:

Please share and explain the intended impact and outcomes of the program.

KPIs/Metrics:

Please describe how you will measure how well the program worked or didn't work.

Program Budget & Funding Requested

Duration of Funding:	
What is the duration or length of time that you are requesting to be funded?	
<input type="checkbox"/> – 1 year <input type="checkbox"/> – 2 years <input type="checkbox"/> – 3 years	
Amount Requested:	
What is the amount you are requesting as part the Community Investment Fund, as applicable?	
Year 1 funding:	
Year 2 funding:	
Year 3 funding:	
Total funding:	
Type of Funding:	
What will the funding support? <i>Select all that apply.</i>	
<input type="checkbox"/> – Capital <input type="checkbox"/> – Equipment and/or supplies <input type="checkbox"/> – Salary	
Funding Support:	
Please detail how the above funding request will support the program.	

Additional Funding Requirements:

Is the program dependent on funding from other sources? If so, please explain.

– No

– Yes, please explain:

Granted Funds:

Is the program contingent on receiving the full funding amount?

– No

– Yes

If granted less than the full amount, how would it change your plan?

Sustainability:

Please describe how the program will be sustained after the completion of the grant funding.

Collaboration & Partnership

Please share ideas on partnership opportunities and your organization's experience with collaboration.

Partnership Opportunities:

Beyond funding, how can you envision magnifying the impact of your organization through partnering with NorthShore? For example: communicating the program and impacts, volunteering or service opportunities for NorthShore team members, tapping into NorthShore expertise across business/functional areas, participating in committees within your organization, etc.

Past Collaborations:

Share examples of past collaborations between your organization and another group(s) which magnified the impact of a program

Thank you for your interest in applying for the NorthShore University HealthSystem Community Investment Fund!

Definitions:

BIPOC organization

An organization in which at least 50% of the board of directors identifies as BIPOC, whose executive director or 50% of senior leadership (decision-makers) identify as BIPOC, and whose mission statement and/or programs aim to predominately serve BIPOC communities.

Minority Business Enterprise (MBE)

An organization which is at least 51% owned, operated and controlled on a daily basis by American citizens one or more of the following ethnic minority (African American, Asian American or Pacific Islander, Hispanic American, Native American) and/or gender (e.g., women), and/or military veteran classifications.

Women-owned Business Enterprise

An organization which is at least 51% owned, operated and controlled on a daily basis by one or more female American citizens.

Tribal organization

Any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities