

2021 Racial Equity Collaborative Grant

Horizon Foundation

Overview

2021 Racial Equity Collaborative-Application

Overview

The purpose of this strategic opportunity is to both:

- enhance your organization's understanding of and commitment to racial equity; and
- build power to advance racial equity issues that matter most to your organization and our community.

The grantees selected will work collaboratively on a joint equity-related policy. Their staff, leadership, and members will focus on applying a racial equity lens to their work and learn essential organizing and advocacy skills by practicing them in a real-time policy campaign in conjunction with the Foundation and its other partners.

- The grant period is from January 1, 2022 through December 31, 2024.
- This is a multi-year grant. 4 grantees will be awarded \$75,000 per year for 3 years.

Consider applying for this grant if your organization (i.e., staff, leadership and members) is ready to:

- Learn how to boldly and passionately advocate for policies and practices that dismantle longstanding health barriers and promise more equitable health outcomes for people of color.
- Elevate the voices of leaders from communities of color;
- Organize and advocate for policies that will remove barriers to good health and expand opportunities for everyone to live a long, healthy life;
- Make data-driven decisions (data includes lived experience of people of color);
- Commit to learning and applying racial equity principles to your organization's work; and are
- Passionate about eliminating health disparities and/or improving social determinants of health.

Eligibility Criteria

Nonprofit Organization*

Is your organization (a) an organization that is tax- exempt under IRS Section 501(c) 3; (b) be directly affiliated with the Howard County Public School System or other public entity that can receive funds on its behalf; or (c) have a fiscal sponsor that meets either option a or b.

Choices

Yes

No

Service Area*

Does your organization deliver services to Howard County residents?

Choices

Yes

No

Non-Discriminatory*

Does your organization provide programs and services to the intended beneficiaries without discrimination on the basis of race, color, gender, national origin, religion, disability, medical condition, marital status, sexual orientation, gender identity, veteran or military status, pregnancy, ancestry, age or any other characteristic protected by federal, state, county or local laws, regulations or ordinances?

Choices

Yes

No

Organization Overview

Organization Name*

Character Limit: 250

Organization Mission and Vision*

What is your organization's Board approved mission and vision?

Character Limit: 1000

Organization Activities*

Describe your organization's main activities and programs, and how they support your mission.

Character Limit: 1500

Within a year how many people does your organization typically serve through your programming?*

Enter "UNKNOWN" if not known.

Character Limit: 250

Region Served*

Which region of the county does your organization PRIMARILY serve? Check all that apply.

Choices

Columbia
Elkridge
Ellicott City
Southeast (Laurel, Jessup, Savage)
Western County

Age Groups*

Which age group(s) does your organization PRIMARILY serve? Check all that apply.

Choices

Infants/Children (0-12 years)
Adolescents/Youth (13-18 years)
Adults (19-64)
Seniors (65 and over)

Ethnicity*

Which ethnic group(s) does your organization PRIMARILY serve? Check all that apply.

Choices

African-American
Asian
Caucasian
Hispanic
Other

Please provide a brief description of the demographic makeup of your organization.*

In your description please also include the following:

- the % of your organization's board members that are non-White or of Hispanic ethnicity
- the % of your organization's full-time staff that are non-white or of Hispanic ethnicity

Optional: Upload any file that highlights this information (e.g., charts/graphs).

Character Limit: 1500 | File Size Limit: 5 MB

Grant Payment

If awarded a grant please indicate if you would like to receive direct deposit or paper check to receive grant funds

Choices

Direct Deposit

Paper Check

- Please list name and email of individual that would complete the online approval form to receive direct deposit if awarded a grant; OR
- Please indicate a name and address of who the check should be made payable to if awarded a grant.

*

*Character Limit: 250***If awarded a grant, email communications should be sent to:***

Please indicate 2 contacts to receive communication. Include names and email addresses.

*Character Limit: 250***Organization Website***

If you do not have an organization website, write "none".

*Character Limit: 250***Organization Facebook Page/Address***

If you do not have an organizational Facebook page, write "none".

*Character Limit: 250***Organization Instagram Page/Handle***

If you do not have a Instagram page, write "none".

*Character Limit: 250***Organization Twitter Page/Handle***

If you do not have an organizational Twitter page, write "none".

*Character Limit: 250***Social Media Experience***

What is your experience in utilizing social media?

*Character Limit: 250****Racial Equity Experience***

How do you define racial equity?

*

Character Limit: 500

How is racial equity embedded into your organization's work?

*

Character Limit: 1000

What are additional ways you would like to see racial equity embedded into your organization?*

Character Limit: 1000

Describe your experience in working with and/or serving communities of color?

*

Character Limit: 1000

What are ways you believe racial equity can be centered in advocacy work?*

Character Limit: 1000

Why should racial equity be centered in advocacy work?

*

Character Limit: 1000

What trainings/opportunities have you participated in to shape your racial equity knowledge?

*

Character Limit: 1000

Advocacy Experience

How do you define advocacy?

Character Limit: 500

Have you ever participated in advocacy before?*

Please select one choice.

Choices

Yes

No

I'm not sure

If yes, provide a brief description of your advocacy experience.*

If you answered no or I'm not sure write "N/A" below.

Character Limit: 1000

When it comes to building community power, what do you think you bring to the table?*

Character Limit: 1000

What experience do you have building a base of members/leaders and engaging them in structured community or leadership activities?*

Character Limit: 1000

What trainings/opportunities have you participated in to shape your advocacy knowledge?

*

Character Limit: 1000

Project Details

Project Name*

Please add "[E21E]" below after your preferred title.

Character Limit: 100

Grant Interest*

What inspired you to apply to this grant?

Character Limit: 1000

List 3 community issues in Howard County that your organization is seeking to address to ensure a more equitable community.

Character Limit: 1500

From your list above, identify your top priority issue and describe a solution(s) to address this issue. What role would your organization play in the solution?*

Character Limit: 1500

How do you anticipate advocacy on this topic affecting your organization?*

Character Limit: 1500

Has your board discussed, agreed upon and committed to working on this specific solution? If not how would you seek commitment from your board?*

Character Limit: 1500

Has your membership discussed, agreed upon and committed to working on this specific solution? If not how would you seek commitment from your membership?*

Character Limit: 1500

How do you anticipate advocacy on this topic will affect your community?*

Character Limit: 1500

How will you show your community the relevance of the campaign you selected to work on?*

Character Limit: 1500

Describe your organization's base of power that would be part of working on this specific solution. Base of power meaning:

- Number of members would be part of working on this solution

- Number of board members that would be involved in working on this particular solution.
- Organizations that you have relationships with that might work on this solution with your organization.
- List of political leaders your organization has a relationship of power with. (Meaning they would pick up the phone and call your leadership back in two days.)

*

Character Limit: 1500

Describe your relationship with the top 3 organizations who would work with you on this specific solution.*

Character Limit: 1000

How will the knowledge/skills gained from participating in the fellowship be transferred, shared and embedded into your organization.*

Character Limit: 1000

Grant Expectations

As an applicant I agree to the following:*

- Build a team of at least 5 people from among organization to fully participate in the Racial Equity Collaborative.
- Commit up to 20 hours per person per month on average to the activities of the Collaborative.
- Learn, practice and apply a racial equity lens to work and build power to reform policies and systems that stand in the way of achieving equitable health outcomes for all members of our community.
- Develop capacity to wage and win equity-related policy and system changes from key institutions.
- Identify, develop and implement a joint equity-related policy campaign with fellow collaborative members.
- Help the Foundation accomplish its policy & system change goals by participating in campaign activities as needed.

*All trainings/learning sessions will be offered with a virtual option if/until a safe in-person meeting is possible.

Please agree by selecting the statement below:

Choices

I agree to all of the above grant requirements.

Additional Resources*

Beyond funding, what type of support/resources could the Horizon Foundation provide to your organization?

Character Limit: 1000

Additional Information

Please include any additional information you feel is relevant for your application.

Character Limit: 1000

Project Budget

Project Budget and Narrative

For review purposes, please upload a budget for how you anticipate using grant funds.

NOTE: If awarded a 2021 Racial Equity Collaborative Grant, the funds provided to your organization will be unrestricted, operating funds for your organization to use as needed.

Upload Project Budget and Narrative*

File Size Limit: 2 MB

Electronic Signature

Terms of Application Submission

By entering your full name below, you are agreeing to the following:

- The information contained in this application and its attachments are complete and accurate.
- The Foundation reserves the right not to award a grant.
- Should an award be made, the funds will be used exclusively for the purpose outlined in the application.
- Should an award be made, you will be asked to sign a grant agreement and be required to submit a post award report.

Electronic Signature*

The application must be signed by the CEO, Board Chair, or an authorized officer of the organization. To sign the application, please type your first and last name.

Character Limit: 50

Signatory's Title*

Character Limit: 50