

2022 Advancing Community Advocacy Fellowship

Horizon Foundation

Overview

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The purpose of this strategic opportunity is to build the organizing and advocacy capacity of community organizations by helping them to use their power to advance issues that matter most to them and their community. The organization selected will become a key partner in one of the Foundation's issue campaigns. Their community base and/or staff, leadership and members will 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, 2023 through December 31, 2024.
- This is a multi-year grant. 1 grantee will be awarded \$30,000 per year for 2 years.

Through this RFP, the Foundation is seeking to partner with an organization that:

- Is passionate about the Foundation's mission and at least one of the following strategic campaign areas including**:

 - diabetes prevention (e.g., enacting policies that make healthier food and drink more readily available, accessible, and affordable)
 - mental health (e.g., permanently expanding school based mental health supports to all schools in the Howard County Public School System)
 - equity (e.g., advancing county policies that would close racial disparities in health, and/or improve other social determinates of health)

***Please note that the Foundation is going through a strategic planning process in 2023 which may result in the expansion, modification and or development of current and new campaign areas. The Foundation and selected fellow will work together to identify new interests as they arise.*

- Is relatively new to policy work and/or wants to further develop its policy campaign-related skills by fully participating and practicing these skills in a real-time campaign;
- Has experience in serving and working with communities of color;
- Has commitment to and understanding of racial equity principles; and
- Is willing to advocate and mobilize community members for needed community change.

Eligibility Criteria

Applicant Status*

Is your organization an a) individual (not a nonprofit) with established community base, or (b) non-profit organization that is tax- exempt under IRS Section 501(c) 3, or (c) be directly affiliated with the Howard County Public School System or other public entity that can receive funds on its behalf, or (d) have a fiscal sponsor to support their organization. Please indicate your applicant status below:

Choices

Individual (not a nonprofit) with established community base

Non-Profit Organization or affiliated with HCPSS or other public entity that can receive funds

Have a fiscal sponsor to to support your organization

None of the above- Please do not complete this application

Nonprofit Organization*

Is your organization an a) individual (not a nonprofit) with established community base, or (b) non-profit organization that is tax- exempt under IRS Section 501(c) 3, or (c) be directly affiliated with the Howard County Public School System or other public entity that can receive funds on its behalf, or (d) have a fiscal sponsor to support their organization.

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

Fiscal Sponsor Overview

Fiscal Sponsor Information

Please provide your fiscal sponsor name and upload your fiscal sponsor agreement using the "upload a file" button.

Character Limit: 250 | File Size Limit: 5 MB

Please provide a brief overview of your Fiscal Sponsor.*

Character Limit: 1500

Tell us about yourself. What motivates you?*

Character Limit: 1500

What programmatic and/or advocacy activities have you supported over the last two years?*

Character Limit: 1500

What are the communities in Howard County that you serve?*

Character Limit: 1500

Why should you receive these funds in comparison to someone else?*

Character Limit: 1500

If awarded a grant, the check should be made payable to:*

Please indicate a name and address.

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

Individual with Community Base Overview

Tell us about yourself. What motivates you?*

Character Limit: 1500

What programmatic and/or advocacy activities have you supported over the last two years?*

Character Limit: 1500

What are the communities in Howard County that you serve?*

Character Limit: 1500

Why should you receive these funds in comparison to someone else?*

Character Limit: 1500

If awarded a grant, the check should be made payable to:*

Please indicate a name and address.

Character Limit: 205

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

Please indicate 1-2 contacts to receive communication. Include names and email addresses.

Character Limit: 250

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

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

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
- Causasian
- Hispanic
- Other

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

Enter "UNKNOWN" if not known.

Character Limit: 250

If awarded a grant, the check should be made payable to:*

Please indicate a name and address.

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

Social Media*

Please include any organizational social media accounts, handles or websites where you will post information regarding your campaign efforts (e.g. Facebook, Instagram, Twitter, LinkedIn, etc.). If you organization dues not use social media, please type "N/A".

Character Limit: 1500

Racial Equity Experience

How do you define racial equity?

*

Character Limit: 500

How is racial equity embedded into your work?

*

Character Limit: 1000

What are additional ways you would like to see racial equity embedded into your work and/or 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 would you like to know about advocacy or what would you like to understand better about advocacy?*

Character Limit: 1000

Project Details

Project Name*

Please add "[E22E]" below after your preferred title.

Character Limit: 100

Grant Interest*

What inspired you to apply to this grant?

Character Limit: 1000

Horizon Foundation History*

Have you engaged in a Horizon Foundation campaign before?

Choices

Yes

No

If so, which ones and how?*

Character Limit: 1000

Horizon Foundation Campaign Choice*

Please select the Horizon Foundation campaign area you are most interested in.

Choices

Diabetes

Equity

Mental Health

What makes you most passionate about the campaign you selected?*

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

Existing Partnerships*

List the top 3 organizations/groups/people you do work with and describe your partnership.

Character Limit: 1000

New Partnerships*

List two people or organizations you wish to work with in the future? Why?

Character Limit: 1000

Knowledge Transfer*

How will the knowledge/skills gained from participating in the fellowship be transferred, shared and embedded within your community base and/or organization.

Character Limit: 1000

Grant Expectations

As an applicant I agree to the following:*

- Identify and support a Horizon Foundation Campaign - identify which campaign I will be a lead support on for the Horizon Foundation and commit to identifying key campaign tactics and deliverable to support the overarching strategy.
- Attend Quarterly Trainings - attend each quarterly training, along with the assignments that tie along with each learning.
- Raise Awareness- share information with members about our joint campaign, and help develop and share social media content around the campaign.
- Engage with other partners- build a base of partners and community members that will help accomplish the development and completion of a successful campaign
- Report back- complete quarterly reports about each of the trainings and campaign learning to date, along with a midyear and final report.

**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.

If not selected for grant funding at this time would you or your organization still be interested in participating in the Foundation's advocacy activities?*

Choices

Yes

No

Additional Resources*

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

Character Limit: 1000

Additional Information

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

Character Limit: 1000

Staff Reviewer Comments

Character Limit: 500

Project Budget

Project Budget and Narrative

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

NOTE: If awarded a 2022 Advancing Community Advocacy Fellowship, the funds provided to your organization will be unrestricted, operating funds for your organization to use as needed.

Definitions:

- Personnel – salary and fringe benefits costs.
 - Other Direct Costs – office operations, communications/marketing, travel, meeting expenses, and project space.
 - Purchased Services – consultant and/or contract costs.
 - Indirect Costs – administrative expenses related to overall operations.
 - Other Support – cash match and in-kind support.

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