

2022 Diabetes Prevention Advocacy Grants-Track 1

Horizon Foundation

Eligibility Criteria

2022 Diabetes Prevention Advocacy Grant/Track 1

The Foundation seeks committed organizational partners to improve access to healthier food options in Howard County through policy systems change. Together, our advocacy will help to reduce diabetes and related health disparities, improve the nutritional environment of Howard County and create a healthier future for Howard County residents.

- The grant period will be from January 1, 2023 through December 31, 2023.
- Grants of \$1,000 will be awarded to 10 selected grantees.
- Organizations must be: (a) tax-exempt under IRS Section 501(c)3, (b) be directly affiliated with a Howard County Public School that can receive funds on its behalf, or (c) have a fiscal sponsor that meets either option a or b.

If you answer no to any of the questions below you DO NOT qualify for funding from the Horizon Foundation and should not complete this application.

If you have any questions on eligibility please contact Kenitra Fokwa.

Nonprofit Organization*

Is your organization (a) determined as charitable under Section 501(c)(3) of the Internal Revenue Code, or is it another entity that meet IRS charitable guidelines;(b) directly affiliated with a Howard County Public School 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

Fiscal Sponsor Information

If you have a fiscal sponsor please provide the name and a brief overview of the organization. Also, upload your fiscal sponsor agreement using the "upload a file" button.

If this does not apply please type "N/A" below.

Character Limit: 1500 | File Size Limit: 2 MB

Organization Overview

Organization Name*

Character Limit: 250

Organization Description*

Please briefly describe your organization/group.

Character Limit: 1500

Region Served*

Which region of the county does your organization/group PRIMARILY serve?

Choices

All Howard County

Western Howard County

Columbia

Ellicott City

Elkridge

Southeast (Laurel, Jessup, Savage)

Age Groups*

Which age group does your organization/group PRIMARILY serve?

Choices

Infants/Children (0-12 years)

Adolescents/Youth (13-18 years)

Adults (19-64)

Seniors (65 and over)
All age groups

Race/Ethnicity*

What is the PRIMARY racial or ethnic group that your organization/group serves?

Choices

- All
- African-American
- Asian
- Hispanic
- Multicultural
- White

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

Please share.

Character Limit: 1000

How many people does your organization serve annually?

Character Limit: 250

Project Details

Project Name*

Please insert the following: Diabetes Prevention Advocacy Track 1- "Organization Name"

Example: Diabetes Prevention Advocacy Track 1-Horizon Foundation

Character Limit: 100

Why are you interested in this grant opportunity?*

Character Limit: 1500

Why should your organization receive these funds in comparison to other community organizations?*

Character Limit: 1500

How do you envision your organization contributing to the Healthier Choices Coalition?*

Character Limit: 1500

As an applicant I agree to the following:*

- Have an organizational representative attend the kick-off grantee meeting that will take place virtually on Thursday, December 15, 2022 at 6 PM via Zoom.
- Participate in bi-weekly Healthier Choices Coalition Meetings and participate in Coalition subcommittee breakouts (e.g. – Research, Communications and Membership).

- Participate in at least three (3) advocacy actions (e.g. – petitions, sign-on letter, action alerts, attend or testify a hearing, etc.)

Please agree by selecting the statement below:

Choices

I agree to all of the above grant requirements.

Project Communication*

Please list names and email addresses for at least two staff and/or volunteers responsible for managing the grant.

Please remember to include all email addresses, as this will be the primary communication method.

Character Limit: 250

Social Media Accounts*

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

Character Limit: 250

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

