

# 2024 Advancing Community Advocacy Fellowship

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*Horizon Foundation*

## *Overview*

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### **Overview**

The purpose of this strategic opportunity is to build the organizing and advocacy capacity of individuals who live in and/or serve Howard County, by helping them use their power to advance issues that matter most to them and their community. The person selected will become a key partner in one of the new Foundation's focus areas. They will learn essential organizing and advocacy skills by working alongside Horizon Foundation staff and its partners.

- The grant period is from January 1, 2025 through December 31, 2026.
- This is a multi-year grant. 2 grantees will be awarded \$30,000 per year for 2 years.
- Funding may be used to cover your time and creativity in support of advancing the work.

Through this RFP, the Foundation is seeking to partner with a total of two individuals that:

- Are passionate about the Foundation's mission, vision, values, and at least one of the following strategic campaign areas including\*\*:
  - Maternal & Infant Health
  - Mental Health
  - High-Quality Housing
  - Food & Nutrition Security
- Is relatively new to policy work and/or wants to further develop their advocacy and organizing skills;
- Has experience serving and working with communities of color;
- Has commitment to and understanding of racial equity principles;
- Has time and capacity to commit to at least 20 hours per month for this fellowship experience; and
- Is willing to advocate and mobilize community members for needed community change.

*\*\*Please note that the Foundation went through a strategic planning process in 2023 and has yet to identify and finalize policy opportunities in these new focus areas. The Foundation and selected fellows will work together to build out these new focus areas and advance potential policy campaigns.*

## Eligibility Criteria

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### Applicant Status\*

I affirm that I am applying for the Advancing Community Advocacy Fellowship as an individual (not a nonprofit) that lives, and/or works in Howard County, and I have an established community base within the county. (i.e., you have an established base of people who work with you on projects and/or will respond to your requests for action).

#### Choices

Yes

No- Please do not complete this application

## Individual with Community Base Overview

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### Tell us about yourself. What motivates you?\*

*Character Limit: 1500*

### Race\*

Please indicate your race below:

#### Choices

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

### Ethnicity\*

Please indicate your ethnicity below:

#### Choices

Hispanic or Latino or Spanish Origin

Not Hispanic or Latino or Spanish Origin

### 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 this fellowship, the check should be made payable to:\*

Please indicate a name and address.

*Character Limit: 205*

**If awarded this fellowship, email communications should be sent to:\***

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

*Character Limit: 250*

**Social Media\***

Please include any social media accounts, handles or websites where you will post information regarding your campaign efforts (e.g. Facebook, Instagram, Twitter, LinkedIn, etc.).

If you do not use social media, please type "N/A".

*Character Limit: 250*

## *Racial Equity Experience*

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What does racial equity mean to you?

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*Character Limit: 1000*

What does embedding racial equity in your work look like? (Provide examples)\*

*Character Limit: 1500*

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

\*

*Character Limit: 1500*

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

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*Character Limit: 1500*

## *Advocacy Experience*

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**Have you ever participated in advocacy before?\***

Please select one choice.

**Choices**

Yes

I'm not sure

No

**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: 1500*

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

*Character Limit: 1500*

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

*Character Limit: 1500*

What would you like to know about advocacy or what would you like to understand better about advocacy?\*

*Character Limit: 1000*

## *Fellowship Interest and Experience*

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### **Project Name\***

Please add your first and last name\_2024 ACA Fellow Applicant (i.e. "Kenitra Fokwa\_2024 ACA Fellow Applicant')

*Character Limit: 100*

### **Fellowship Interest\***

What inspired you to apply to this fellowship?

*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 Focus Area Choice\***

Please select the Horizon Foundation focus area you are most interested in. (Select one)

#### **Choices**

Maternal & Infant Health

Mental Health

High-Quality Housing

Food & Nutrition Security

What makes you most passionate about the focus area you selected?\*

*Character Limit: 1500*

In your opinion, what kind of changes to our community would be necessary to solve?

\*

*Character Limit: 1500*

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

*Character Limit: 1500*

### Existing Partnerships\*

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

*Character Limit: 1000*

### New Partnerships\*

List six 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?

*Character Limit: 1000*

## *Fellowship Expectations*

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**As an applicant I agree to the following:\***

- Support community outreach, organizing, and mobilization for a mutually agreed to Horizon Foundation focus area.
- Attend virtual or in-person bi-weekly check-ins with key Horizon Foundation staff.
- Participate in scheduled quarterly trainings or meetings and complete the assignments/tasks that supplement the learning process.
- Commit at least 20 hours per month to this fellowship opportunity.
- Share information with community members about our work together and help develop and share social media content around the focus area.
- Engage with other partners and build a base of partners and community members that will help accomplish the development and completion of a future successful campaign
- 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 in-person*

**Please agree by selecting the statement below:**

### Choices

I agree to all of the above fellowship requirements

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

### Choices

Yes

No

## Additional Information

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

*Character Limit: 1000*

## *Electronic Signature*

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### 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/fellowship.
- 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\*

To sign the application, please type your first and last name.

*Character Limit: 50*