



COVID-19 Fill the Gap Response Fund Proposal Guidelines

*All documents available in Spanish upon request.
Estos documentos están disponibles a petición del interesado.*

Proposal Narrative Guidelines

Please provide a one- to two-page (*max*) overview of the purpose and focus of the grant request. Format your proposal narrative using the headings of items A – F below. All headings are required.

- Please submit using the following file naming convention: OrganizationName_ Narrative.xxx

A. Grant Focus Area

Please indicate focus area for the grant request:

- (1) *Supporting underserved populations*: Services for rural and/or underserved populations that are disproportionately affected by COVID-19 (e.g., uninsured, communities of color, immigrant populations, etc.)
- (2) *Supporting essential frontline workers*: Activities addressing the social and behavioral health needs of healthcare and other frontline workers (e.g., administrative, food service, security, facilities maintenance, cleaning, and other services to hospital or non-hospital entities) as result of COVID-19

B. Statement of Need - Purpose

Provide a detailed description of the specific COVID-19 gaps or needs being addressed through the request. Include the people and places you plan to serve with the project request and how this population will benefit from your efforts.

C. Description of Proposed Activities

Provide as much detail as possible, within page limits, on the implementation of your project. Include names and qualifications of the individuals who will direct the project; anticipated length of project effort; and, how your activity will impact the people and places your request is meant to help.

D. Measures of Success

Provide a brief summary of the perceived impact this project will have on the community. Please include measurable goals/metrics.*

**Should your request be approved, you may be required to submit occasional scheduled reports showing your progress toward these goals.*

E. Partner Organizations

Include the names and roles of organizations that will serve as project partners and/or resources. (Limit 5)

F. Leveraged Funds

Explain if the project will leverage funds from other sources, including a list of proposed partners and the anticipated levels of financial support. If so, explain how.

Required Supplemental Documents

- Organizational Overview Questionnaire
 - Please submit using the following file naming convention:
OrganizationName_OrgOverview.xxx

Required Financial Documents

- Completed budget template
 - Please submit using the following file naming convention:
OrganizationName_Budget.xxx
- Fiscal Year 2020 Budget YTD
 - Please submit using the following file naming convention:
OrganizationName_FiscalYTD.xxx
- IRS Form 990 (2018 or later)
 - Please submit using the following file naming convention: OrganizationName_990.xxx