



MemorialCare

FY25 Community Benefit Grant Application Questions & Response Tool

MemorialCare welcomes the opportunity to work with organizations to create healthy communities. MemorialCare hospitals have set aside specific funds to support community organizations to improve the health and well-being of the communities served by MemorialCare.

Eligibility and Restrictions

MemorialCare hospitals provide financial support to public health and local nonprofit human service organizations that serve vulnerable communities in our hospitals' service areas. Organizations eligible for funding through the MemorialCare Community Benefit Grant Program must have a project that aligns with our hospital priority health needs identified in the hospitals' Implementation Strategies. Eligible organizations must maintain a 501(c)(3) nonprofit tax-exempt status or be a public/governmental agency.

Each MemorialCare hospital will fund 4 project grants in the amount of \$12,500 each.

Community Benefit Grant Criteria:

1. Applicants must be established community organizations.
2. Projects must benefit underserved community residents.
3. Projects must be directly related to one or more of the identified health needs prioritized in the respective hospital's FY23-FY25 Community Benefit Implementation Strategy <https://www.memorialcare.org/about-us/community-benefit>
4. Funding should demonstrate how you will address the social determinants of health (e.g. food insecurity, and housing and homelessness, etc.) and health equity, in



conjunction with a priority health need. For more information on social determinants of health visit <https://www.cdc.gov/socialdeterminants/index.htm>.

5. Funding can only be used for project support.
6. A project budget is required. If an applicant is using a fiscal sponsor for its 501c3 status, MemorialCare will work with a fiscal sponsor to support the Community Benefit Grant funding.
7. Applicants may only apply to one MemorialCare hospital for grant funding per grant period.

Community Benefit Grant Funding is NOT awarded for:

- Operational support not directly tied to the project
- Arts programs or cultural events
- Athletic programs, such as sports teams or leagues
- Fundraising activities
- Annual fund drives
- Building or capital campaign (bricks and mortar) projects
- Individuals
- Religious organizations (for religious purposes or exclusive benefit of their members)
- Political campaigns
- Start-up projects

Measurable Objectives and Outcomes

Applications must include project objectives with measurable outcomes. Objectives are the specific steps that lead to the successful completion of the project goals. Completion of the objectives result in specific, measurable outcomes that directly contribute to the achievement of the project goals.



An objective is a specific result the project is trying to achieve. Examples of objectives include improved health status, increase in access to health services, access to mental health services, decrease in food insecurity.

An outcome is a detailed, measurable statement that outlines the result of the program for the participant. Examples of measurable outcomes include the number of persons served, the change in persons served compared to a previous period, increase in availability of healthy food, self-reported change in health knowledge or behaviors.

Funding Conditions

MemorialCare will notify approved applicants via email by October 22, 2024 and funded organizations are required to submit a signed Letter of Agreement. The initial MemorialCare Community Benefit Grant funding (50% of total, or \$6,250) is issued upon receipt of the signed Letter of Agreement and other required information.

The remaining funding is contingent upon receipt of the mid-term grant project report demonstrating successful accomplishment of the project objectives' measurable results at the halfway point of the grant term.

Submissions/Questions

Thank you for your efforts to improve our community, we appreciate the opportunity to partner with you through the Community Benefit Grant Program. There is a comment box where you may submit questions within your organization's application. For further information, please contact the following representatives:

- **Long Beach Medical Center and/or Miller Children's & Women's Hospital Long Beach:**
Melissa Biel at melissabiel@bielconsulting.com or (805) 994-7039
- **Orange Coast Medical Center:**
Beth Hambelton at bhambelton@memorialcare.org or (714) 614-7896
- **Saddleback Medical Center:**
Roneet Cooper at rcooper@memorialcare.org or (949) 741-0032

Application Instructions

PLEASE NOTE:

- Responses are unable to be saved while working in the online application. Please respond to the questions in a separate document and copy/paste the responses into the online application.
 - Organizations submitting an application will receive a confirmation message with a copy of its submission upon request. Thank you.
 - Responses include 2,000 character limits (spaces included).
1. Select which hospital's Community Benefit Grant you are applying for (Long Beach Medical Center, Miller Children's & Women's Hospital Long Beach, Orange Coast Medical Center, Saddleback Medical Center).
 2. Select which priority health need(s) the project will address.
 3. Select which communities the project will focus on (check all that apply).
 4. Respond to the application questions accordingly.
 5. Complete the Outcomes/Objectives and Budget templates located at the <https://www.memorialcare.org/CommunityBenefit> website.
 6. Please download the Outcomes/Objectives and Budget templates and upload as a supporting document: <https://www.memorialcare.org/CommunityBenefit>
 7. Submit Form.

DEADLINE FOR SUBMISSION: AUGUST 12, 2024



**MemorialCare
Community Benefit Grant Application – FY25**

We must receive a completed application with project budget for consideration by August 12, 2024.

Organization Information

Organization name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Website: _____

Tax Status: _____

Tax ID#: _____

Contact name and title: _____

Phone: _____

Email: _____

Grant funding request amount: \$12,500

Application/Project Request Information

Which Hospital Community Benefit Program is your organization applying to?

- Long Beach Medical Center
- Miller Children’s & Women’s Hospital Long Beach
- Orange Coast Medical Center
- Saddleback Medical Center

Select the health priority health needs your project will address. Priorities were approved in the FY23-FY25 Implementation Strategy (<https://www.memorialcare.org/about-us/community-benefit>). Select the priority health need(s) that your project will address (see online application, check all that apply).

Which cities/communities will your project focus on (see online application, check all that apply).

1. Project title: _____
2. Project summary (2,000 character limit):

3. How will the grant funds be used? Provide a detailed narrative on how the grant funds requested will be used. What will the requested grant funds pay for? (2,000 character limit):

4. How does this project address health equity in the community? Identify the underserved, underrepresented, and/or vulnerable populations who may be helped through this project (i.e., age, race and ethnicity, gender, socioeconomic status, other demographics)? 2,000 character limit. More information on health equity can be found here: [What is Health Equity? \(cdc.gov\)](https://www.cdc.gov/healthequity/)

5. What is the **estimated number of people/participants** who will benefit from the project? Numbers only.

6. How does this project address social determinants of health in the community? 2,000 character limit. More information on social determinants of health can be found at <https://www.cdc.gov/socialdeterminants/index.htm>.

7. Objectives & Outcomes

List three (3) primary objectives for the proposed project. List three (3) measurable outcomes for the proposed project. Download the Objectives/Outcomes Template from:

<https://memorialcare.org/CommunityBenefit>

Complete the template and upload the completed Objectives & Outcomes document into the upload document field for this question.

Objectives	Measurable Outcomes	Data Source
<p>SAMPLE</p> <p>Use a trauma informed lens to provide consultations and training to teachers and school staff to decrease disruptive behaviors among children.</p>	<p>SAMPLE</p> <p>100 support/consultations and 10 presentations will be provided to Head Start teachers and staff to address disruptive behavior among children using a trauma informed lens.</p> <p>Teachers will indicate a 30% decrease in disruptive behaviors among children as a result of the consultations and training.</p>	<p>SAMPLE</p> <p>Annual reporting of consultations and presentations.</p>
<p>Objective #1</p>	<p>Outcome #1</p>	<p>Data Source #1</p>
<p>Objective #2</p>	<p>Outcome #2</p>	<p>Data Source #2</p>
<p>Objective #3</p>	<p>Outcome #3</p>	<p>Data Source #3</p>



8. **Budget**

Budget	
<p>The amount covered through the project grant must total \$12,500. Grant requests that exceed \$12,500 will not be considered. List the project expenses in narrative form and the associated dollar amount that the grant request will pay for. Expenses may include project staff time, supplies, outreach and marketing, travel expenses, food, and other project-related items.</p>	
Project Expenses (Description)	Amount to be Supported by Grant
<i>SAMPLE</i>	<i>SAMPLE</i>
<i>Office Supplies</i>	\$ 500.00
<i>.2 FTE Client Coordinator</i>	\$ 8,000.00
<i>Printing/Marketing</i>	\$ 2,000.00
<i>Client Data software expense</i>	\$ 2,000.00
	\$ 12,500.00
<i>Intentionally left blank</i>	<i>Intentionally left blank</i>
<i>Intentionally left blank</i>	<i>Intentionally left blank</i>
Project Expenses (Description)	Amount to be Supported by Grant
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If your funding request is approved, a mid-term report and final report will be required. Mid-term funding is contingent on successful accomplishment of the grant objectives' measurable outcomes at the halfway point of the grant term.



9. Community Benefit Grant Program Questions for MemorialCare? If you have any questions, please include them in your application in the space provided below. Thank you.