

# grantmaking guidelines

## WE FUND:

- Capacity building, leadership development and technical assistance to help communities and organizations assess needs, develop strategic plans and implement policy changes that advance health
- Programs and services that improve health and social determinants of health
- Policies and settings that make it easy for individuals to make healthy choices
- Planning and feasibility studies related to our strategic priorities
- Durable equipment and supplies needed to achieve targeted results

## WE DO NOT FUND:

- Overhead/Indirect expenses, such as rent, insurance, maintenance and repair
- Personnel costs for staff not involved in the project
- Institutions that discriminate on the basis of race, ethnicity, creed, gender or sexual orientation in policy or practice
- Fundraising events, celebrations, dinners or golf outings
- Scholarships, fellowships or direct financial assistance to individuals
- Religious activities or political lobbying
- Medical, academic or scientific research
- Supplanting of existing salaries
- Endowments
- Activities that duplicate efforts in the community
- Retirement of previously incurred debt
- Capital "bricks and mortar" fundraising campaigns

While GWCHF does not contribute to "bricks and mortar" fundraising campaigns, GWCHF's directed initiatives may include capital investments which promote health equity and are:

- » Within the foundation's identified strategic priorities
- » Evidenced-based for health enhancement

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## ALLOWABLE COSTS:

When a project is funded, the following costs are allowed as necessitated to complete the project:

- Salaries and fringe benefits for program personnel based on the percentage of effort devoted by the employee
- Equipment with a unit cost of \$3,000 or less, including computers and office equipment
- Consultant fees for service
- Honoraria for services, such as speaker fees associated with a conference or symposium
- Travel expenses including transportation, lodging, and meals for project-related activities
- Meals and refreshments associated with a conference or symposium, meeting or site visit  
**Alcohol is not a fundable expense.**
- Advertising for personnel or program participant recruitment, or for awareness and education
- Books, journals and membership dues
- Office supplies purchased for use by all staff, supplies, materials, postage, photocopies, and shipping needed to execute the project are reimbursable. **Sales tax is not a fundable expense.**

## SPONSORSHIPS

GWCHF makes an effort to minimize sponsorships so that it can use its resources to drive focused improvements in health. GWCHF will not sponsor fundraising events or purely social events. However, on a very limited basis, the Foundation will sponsor an educational event or conference if it:

- promotes at least one GWCHF strategic priority area, is collaboratively organized by multiple community partners
- is part of the organization's larger strategic plan to improve community health
- provides positive public awareness and visibility to GWCHF's strategic priorities
- already has substantial community support and involvement, and will reach a large audience of community members
- is requested by an organization that is professionally managed with a proven track record of financial stewardship

## EVALUATION CRITERIA:

When applicable, we use the following criteria to evaluate a proposal:

- **Evidence:** Is the proposal supported by research demonstrating its effectiveness in improving health and/or the determinants of health?
- **Outcomes:** Are there processes in place to measure the project's impact?
- **Action Plan and Timeline:** Do the proposed plans (action steps, timeline and budget) give confidence that the project will measurably impact the Foundation's strategic priorities?
- **Sustainability:** To what extent will the impact of the initiative continue beyond this grant cycle?
- **Collaboration/Support:** Has the applicant garnered the support needed to be successful?
- **Qualifications:** Is there confidence in this organization's ability to effectively move the needle on health outcomes?