

FY26 Open Call Ward Based Proposal

The Washington Home

Screening Questions

Welcome to The Washington Home Application

We want to share a few tips before starting the application process.

- Save a draft of your application, if you need to complete the form at a later date. Your application autosaves as you fill out the form.
- Upon Submission, you will receive an automated confirmation email.
- Safelist notifications from Foundant to reduce the risk of emails going to your Spam or Trash folders.
- To edit an application once submitted, request to edit the submission / If you need to make changes to your form, please withdraw your submission and resubmit.
- Foundant works best on Google Chrome, Firefox, and Safari. Please make sure you are using a supported browser.
- Helpful Links
 - The Washington Home Application Process Overview
 - Foundant Applying & Site Navigation Tutorial

Eligibility Requirements*

Review the eligibility statements below regarding your organization and select the response.

1. Qualify as one of the following entities eligible for application:
 - Nonprofit or community organizations holding a current tax-exempt status under Section 501(c)(3) of the Internal Revenue Code

- o Recognized governmental entities including state, county, or city agencies such as health departments
 - o Educational facilities, such as K-12 public, private, or charter schools or school districts and higher education institutions
- 2. Your organization serves Washington, D.C. residents age 60+ or people with a critical illness (cancer, heart disease, terminal illness, etc)
- 3. Applicant has completed both the Grant Information Session either in-person or viewed the prerecorded video, and participated in the Collaborative Proposal Meetings with The Washington Home (TWH) staff.

I have read and meet the listed eligibility requirements to submit an application.

Choices

Yes

No

Ineligible Message

Currently, you are ineligible to apply for a grant with The Washington Home. Reasons your organization maybe ineligible to apply:

- Your organization is NOT designated as a 501(c)3.
- Your organization does NOT serve older adults (aged 60+) or people with a terminal illness in Washington, D.C.

For additional information

- Review The Washington Home FAQ Page for more information.
- Send an email to The Washington Home Team at grants@thewashingtonhome.org if you have specific questions about eligibility requirements. Kindly note that response times may be delayed during the Open Call process.

Section 1: About Your Program/Project & Solution

Fiscal Year (Internal Only)

Choices

FY21 Invitation

FY22 Invitation

FY23 Invitation

FY24 Invitation

FY24 Open Call

FY25 Invitation

FY25 Open Call

Project Name*

Character Limit: 100

Is this your first time applying for a grant/sponsorship with The Washington Home?*

Choices

No

Yes

The Foundation has shifted to collaborative grant submissions for all RFPs to:

- Center community and engage stakeholders in solution development.
- Improve efficiency and reduce duplication.
- Encourage cross-sector partnerships and innovation as a part of the proposal development.
- Align the proposal with targeted outcomes for older adults supporting TWH's priorities and goals.

Key Elements required to fund the Ward-Based proposals:

- Caregiver Support & Respite.
- Case Management, Interagency Referral, & Resource Navigation.
- Social Connection & Wellness Programs –Technology, Villages, Home Visiting. Fitness, Social Activities, Health Education, and Support Services.
- Healthcare Access- Primary Care, Vision, Dental, Behavioral Health, Cognitive Health Education, Memory Screening/Assessments, and Senior Wellness Center.
- Coordinated data collection amongst partners.

Priority Area*

Select the priority area that best aligns to your program/project goals.

Choices

Healthcare Access and Caregiver Relief

Social Isolation

Ward Based Proposal Budgets

- Ward 1: \$433,333
- Ward 2: \$233,333

- Ward 3: \$233,333
- Ward 4: \$233,333
- Ward 5: \$433,333
- Ward 6: \$433,333
- Ward 7: \$500,000
- Ward 8: \$500,000

Dollar amount of this funding request.*

Add instructions on budget location

Character Limit: 20

Total project/program budget*

Add instructions on budget location

Character Limit: 20

Ward Data

Ward	Number of People Served	Budget	Final Number of People Served (Complete during Final Report Only)	Final Budget (Complete during Final Report Only)

Organization Fiscal Year Start Date*

Character Limit: 10

Organization Fiscal Year End Date*

Character Limit: 10

Project Description: Part A

Briefly describe the purpose of this funding request and answer the following questions:

A1. What is the proposed overall impact of the project?*

Discuss impact as measured in knowledge, behavioral change, skills development, systemic change, health improvements, etc.?

Character Limit: 3000

A2. How many older adults (unduplicated) will this program/project serve for the Ward you selected??*

Your response should match the total number of unduplicated served in the table above.

Character Limit: 9

A3. How does the collaboration address health, social isolation, and/or caregiving for older adults?*

Character Limit: 3000

A4. Describe how the partnership uses innovative methods to enhance efficiency or scale services.*

Character Limit: 5000

A5. Explain how the lead agency partner will contribute toward the goals.*

Character Limit: 2000

A6. Explain how the senior wellness center partner will contribute towards the goals.*

Character Limit: 2000

A7. Explain how behavioral health partners will contribute towards the goals.*

Examples of behavioral health supports (wellness programming, village(s), etc.)

Character Limit: 2000

A8. Explain how healthcare partners will contribute to the goals of this proposal.*

Examples of Healthcare Partner(s) are federally qualified health centers (FQHC) and/or hospital

Character Limit: 2000

A9. Explain how senior medical day partners will contribute towards the goals.*

Character Limit: 2000

A10. Explain how additional partners will contribute to the goals.*

Additional partners can include housing assistance (i.e., Rebuilding Together, Safe Harbor, Help Desks at older adult housing communities, etc.) and digital literacy and technology supports (i.e., Wilderness Technology Alliance).

Character Limit: 2000

A11. Discuss how partners will refer across program partners to ensure continuity of services.*

For example, when one service ends, how will this collaboration refer and connect participants to another service.

Character Limit: 3000

A12. What barriers/challenges may impact your ability to implement the proposed solution?*

Discuss how you plan to resolve the barriers/challenges.

Character Limit: 3000

A13. How is data being collected across partnerships to measure impact and track duplication?*

Character Limit: 5000

A14. Project/Program Implementation Plan*

Fill in the **Project/Program Implementation Plan** with the tasks required to accomplish the goal(s) identified. Goal listed in the implementation plan should match B1, B2 and B3. The timeline should include major milestones, required approvals, etc. Then, upload the completed Project/Program Timeline.

File Size Limit: 1 MB

Section 2: Goals & Metrics

Goals & Metrics for Ward Based Proposal

1. **Critically Ill- Healthcare Access:** Increase access for 3,000 older adults, focusing on memory, vision, dental, behavioral health, and chronic disease management.
2. **Social Isolation Prevention:** Reach 12,000 older adults with wellness programs and support 3,500 caregivers.
3. **Social Isolation Prevention:** Reach 1,000 residents 45+ with memory care screenings and cognitive health education.

B1. Explain which elements of the healthcare access goal you will address in this proposal.

Healthcare Access Elements: memory care, vision, dental, behavioral health, and chronic disease management

Character Limit: 2000

B1a. What is the total number of unduplicated people you will serve through this goal?

Character Limit: 10

B2. How will your wellness programs be structured to address social isolation among older adults?*

For example, fostering social interaction, building supportive peer networks, and improving overall mental and emotional well-being?

Character Limit: 2000

B2a. How will your social isolation programs be designed to support caregivers?*

For example, helping them build social connections, reduce stress and burnout, and access the resources they need to sustain their caregiving roles?

Character Limit: 2000

B2b. What is the total number of unduplicated people you will serve through this goal?

Character Limit: 10

B3. How will you address social isolation through memory screenings and cognitive health education?

Character Limit: 2000

B3a. What is the total number of unduplicated people you will serve through this goal?

Character Limit: 10

Section 3: Budget & Sustainability

Sustainability

Sustainability means that a program/project has the necessary support in place to ensure that it will be able to continue to accomplish its goals beyond the grant award. Prospective grantees are encouraged to think about the short and long-term goals of a project/program and identify different strategies to keep the program functioning to accomplish its goals. There are different ways that a program/project can show sustainability. Some examples include leveraged funds, collaborating with another organization doing the similar work, developing greater capacity for reimbursement, leveraging other donors and/or creating a fee for service model. Sustainability is more than grant diversification.

'Leveraged Funds' can include aligned grant funding, in-kind partnerships, bond bills, or match funding to support the program that TWH may invest. Leveraged Funds should be listed out in the Budget Template with your submitted application.

C1. Explain how the collaboration creates the following:*

- A. Cost savings,
- B. Efficiencies,
- C. Scale services, and
- D. Encourage long-term sustainability

Character Limit: 3000

C2. If your organization experiences budget cuts, what steps will you take to sustain the program ?*

For example, aligned grant funding, billable reimbursements, bonds bills, fee for service model, in-kind partnerships, matching funding (from other donors), etc.

Character Limit: 3000

Budget Narrative Instructions:

1. TWH is committed to working towards supporting livable wages in the District of Columbia through our grant investments. To learn more about what is considered a livable wage, please visit ALICE: Asset Limited, Income Constrained, Employed - District of Columbia United Way NCA 2023 ALICE Reports.
2. Demonstrate where in your organizational budget the TWH grant is being applied.
3. Please align the budget request with the grant goals. For example, if you are advancing integration of health and wellness for older adults, the TWH funds might support staff training, virtual programs, or outreach and education.
4. The Project Budget Narrative must describe and justify the cost assumptions for * marked line items in the budget spreadsheet for funds requested from TWH, not the total project budget.
5. In the budget narrative section, address each of the applicable letters below:

A. Salaries & Wages- List personnel costs, excluding fringe benefits, for each requested staff position. Indicate whether the position is full-time or part-time and the staff's base salary.

B. Employee Benefits and Taxes- List benefit costs and taxes related to personnel involved with the project.

C. Consultant and Professional Fees- List amounts paid to individuals or company and specify what services they rendered. Explain whether the payment(s) is based on an agreed total amount or agreed per diem rate including travel and other related expenses. Include fees paid to outside attorneys, accountants, or auditors. Include descriptions of the work to be performed, and rates.

D. Travel- Include transportation costs directly related to the major activities of the project. Include expenses for all modes of transportation, transportation vouchers, meals, automobile expenses, mileage reimbursement, and per diem payments.

E. Programmatic Expenses, Equipment & Maintenance- 1) List any equipment purchased for use in the project. Include cost, depreciation and maintenance expense for the equipment. 2) List Programmatic Expenses: food costs, program supplies, emergency lodging expenses.

F. In-Kind Revenue/Expense- Explain what consists of in-kind revenue or expense if you have any.

G. Sub-grants to other organizations (Partners/Collaborations)- Identify funds that will be used to make grants to other nonprofit organization partners in furtherance of the project. Include descriptions of the work to be conducted by the sub-grantees and names of the organizations.

H. Cost Per Unit- List the estimated “cost per unit” of intervention (i.e., how many of what and to whom, per cost of service delivered)?

I. Other-Specify other expense amount if it is over \$100.

C3. Budget Narrative*

Use the format provided in the instructions above.

Character Limit: 4000

C4. Upload a copy of the program/project budget

Please download the TWH budget template, complete and upload using the button below.

File Size Limit: 1 MB

Section 4: Required Documents

D1. Current funders list (foundation, corporate, government, major donors) and amount of support.*

Current funders list should match the Budget uploaded in Question C5. (i.e. columns C9-C20: See Other Anticipated Funding Sources for this Project).

File Size Limit: 3 MB

D2. Board of Directors List*

File Size Limit: 3 MB

D3. Organization Budget and/or Latest Financial Statements*

File Size Limit: 6 MB

D4. IRS Determination Letter*

File Size Limit: 5 MB

D5. Form 990 (Most Current)*

File Size Limit: 10 MB

D6. Directors & Officers Liability Insurance*

File Size Limit: 5 MB

D7. Cyber Security and Crime Insurance (Recommended)*File Size Limit: 5 MB***D8. Invoice (Applicable to Sponsorships Only)***File Size Limit: 1 MB***D9. Memorandum of Understanding (Collaborative Proposals Only)**

Upload a copy of the signed MOU.

*File Size Limit: 5 MB****Meeting & Site Visit Notes (Internal Only)***

FY25 Open Call Grantee Meeting Notes*Character Limit: 10000***Name of Person Completing Site Visit (Internal Only)***Please note this question is also on the interim report.***Choices**

Crystal Townsend
Patricia Ndimantang
Tiffany Oscar

Notes from Site Visit (Internal Only)

Include staff observations and feedback regarding grant progress.

*Please note this question is also on the interim report.**Character Limit: 5000***Notes from site visit (Internal Only)***File Size Limit: 5 MB*