

# 2024-25 Doing Good - Health Fund

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*Duke University Office for Durham and Community Affairs*

## *Information and Eligibility*

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### **Correct Application**

**This application is for our Health Grant. Our other grants are listed below.**

Our other grants include:

- Doing Good - Education
- Doing Good - Community
- Doing Good - Housing & Neighborhoods

**Please click on the Apply menu at the top of this screen to access them.**

**I am applying to the correct grant application.**

### **Choices**

Yes

No

**Triangle nonprofits can apply for Duke Doing Good funding through the Doing Good – Health Fund. Since the fund was created in 2009, more than a hundred nonprofits have received grants for projects meeting significant community needs.**

### **Annual Grant Cycle**

**The application window for 2024-25 funding is Oct. 28 - Nov. 25, 2024.**

The review process runs through December and applicants will be notified of decisions in January. Recipients must submit final grant reports by September 2, 2025.

### **Award Amounts**

Grants range from \$1,000 to \$5,000.

### **Eligibility Requirements - Themes**

**Environment & Sustainability** – Organizing programs that strengthen community awareness, advocacy, or stewardship for environmental issues and sustainable “green” behaviors.

**Food Access & Education** — Helping Triangle residents access affordable and nutritious food and creating a culture of healthy eating.

**Healthy Communities** — Supporting health and wellness initiatives that positively promote the physical and mental well-being of individuals and their communities. Projects must address one of the following issues: chronic illnesses, mental health, obesity, sexual & reproductive health (maternal health, sexually transmitted infections, teen pregnancy), substance abuse.

## Eligibility Requirements - Criteria\*

**All projects and organizations must also meet the following eligibility criteria:**

- The project, key partners, and benefits must be located in Durham, Orange or Wake counties.
- The project must align with one of the themes described above.
- **The grant applicant must be a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code or must have the consent of a 501(c)(3) organization to serve as fiscal agent.** Written confirmation by the 501(c)(3) organization of its willingness to serve as fiscal agent is required. **At this time, individual schools (public, private, charter or otherwise), school systems and parent-teacher or booster organizations may not apply.**
- **Organizations may only receive a DG grant three years in a row.** Organizations that have received grants three years in a row must take one year off before reapplying.
- **Past DG grant recipients must have completed all previous award requirements, including final reports by the time the application is due.**
- The proposal must not fund deficit or emergency funding, debt reduction, loan repayment or retirement, or project costs incurred before the effective date of the grant.
- **Funding will not be awarded to reimburse program staff or volunteers for travel mileage.**
- **The proposal must not fund political programs or activities to support, change, lobby, or otherwise influence legislation and/or ballot measures, candidacies for public office, or other political issues.**
- The proposal must not fund any organization that discriminates on the basis of age, gender, race, ethnicity, religion, disability, sexual orientation, national origin or political affiliation.
- The fund may support organizations and projects that target groups that have been subject to historical discrimination.
- The proposal must not fund religious activities; however, religious institutions may apply for funding for secular projects.

- The proposal must not fund the purchase of real estate or long-term real estate rental, lease, or sub-lease expenses.
- The proposal must not fund the purchase of alcoholic beverages, or any activity that primarily consists of a banquet or meal.
- The proposal must not exclusively benefit Duke University or Duke University Health System employees or students.

### Choices

I meet these requirements

I do not meet these requirements

### Attestation Statement\*

The Office of Duke Community Affairs promotes an environment of diversity, equity and inclusion. Do you attest that you have examined your own practices and commit to actions that address systemic bias and anti-racism within your organizational structure and programming?

### Choices

Yes

No

### Review Committee

Each grant proposal is reviewed by the Doing Good - Health Fund Review Committee. The Review Committee will be comprised of Duke employees who represent a variety of departments from across the university and health system.

### How to Apply

Please submit your completed application by November 25, 2024 along with any supporting documents. Supporting documents must be complete and uploaded with application to be considered for funding.

### Questions

- Please send any inquiries to [scott.brummel@duke.edu](mailto:scott.brummel@duke.edu)
- If you have questions *about the software* please refer to the written and video (6 minutes long) tutorials.

## *Don't Meet Requirements*

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Because you do not meet the requirements, your application will not be considered for a Doing Good Health grant.

## *Organization Information*

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### **Please note:**

- You can save the form as often as you need but remember to submit it by the due date.
- Once you submit your application, you cannot edit the form. Please review your answers before submitting.

We strive to make the Doing Good - Health Fund accessible to non-profits of all shapes and sizes across the Triangle. Please help us learn about the leadership, size, service area, and age of the organizations that apply to the Doing Good - Health Fund.

### **Is your organization a 501c3?\***

#### *Choices*

Yes

No

### **Please provide the year your organization received nonprofit status.\***

*Character Limit: 100*

### **Mission Statement\***

*Character Limit: 5000*

### **Organization History\***

Please provide a brief history of your organization.

*Character Limit: 1000*

### **Organization Make Up - Optional**

It is helpful to have the following detailed information but we understand if it is not feasible.

We value organizations that demonstrate a commitment to diversity, inclusion, and equity as reflected by the individuals who serve as board members. Please describe how your board of directors and key leadership reflect the people and communities you serve in terms of race, ethnicity, class, gender, and/or lived experiences. Every organization is different and we recognize that advancing equity is an ongoing process so please know that there is no "correct" answer.

\*Key leadership staff members are defined as directors who control and direct people/funding/resources in accordance with your mission.

### **Total number of key leadership staff**

*Character Limit: 3*

### **Percentage of our key leadership staff identify as people of color**

*Character Limit: 20*

### **Percentage of our key leadership identify as LGBTQ:**

*Character Limit: 20*

### **Percentage of our key leadership staff identify as female**

*Character Limit: 20*

### **Total number of board members**

*Character Limit: 3*

### **Percentage of our board members identify as people of color:**

*Character Limit: 20*

### **Percentage of our board members identify as LGBTQ:**

*Character Limit: 20*

### **Percentage of our board members identify as female:**

*Character Limit: 20*

### **Operating Budget\***

What is your organization's total fiscal budget?

*Character Limit: 20*

### **Organization Counties Served\***

What counties does your organization serve?

#### **Choices**

Durham

Orange

Wake

Other: Please list

### **Other Counties Served**

If other counties are served, please list here:

*Character Limit: 250*

## Project Information

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### Project Contact Name\*

*Character Limit: 250*

### Project Contact Title or Role\*

*Character Limit: 250*

### Project Contact Email\*

*Character Limit: 250*

### Project Contact Phone\*

*Character Limit: 100*

### Funding Amount Requested\*

Please indicate the amount of funding you are requesting. The maximum award amount is \$5,000.

*Character Limit: 20*

### Project Name\*

*Character Limit: 250*

### Project Description and Fit\*

Describe how your project goals and activities are aligned with the Doing Good - Health Fund.

*Character Limit: 3000*

### Project Need\*

Clearly describe why there is a need for this project.

*Character Limit: 2000*

### Counties Project Serves\*

Which county or counties will be served with Doing Good - Health funds?

#### Choices

Durham

Orange

Wake

### Population To Be Served\*

Please describe the people or communities you plan to serve with a grant from the Doing Good - Health Fund.

How does this project promote equity in the community it serves?

*Character Limit: 2000*

**Number of People to be Served\***

How many people will your project directly serve or benefit?

*Character Limit: 50*

**For this project are you partnering, collaborating or coordinating with another organization?\*****Choices**

Yes

No

***Partnerships, Collaborations, Coordination***

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Please list any organizations you are partnering, collaborating, or coordinating with.

**Name of Partner 1\***

*Character Limit: 50*

**Name of Partner 2**

*Character Limit: 50*

**Name of Partner 3**

*Character Limit: 50*

**Briefly describe their role with this project.\***

*Character Limit: 1000*

***No Partnership*****No Partnership\***

Please explain why or explain why this question does not pertain to your project.

*Character Limit: 500*

***Project Implementation Evaluation*****Project Evaluation & Outcomes\***

How will you define your success? What outcomes do you expect to see? What evaluation methods and specific metrics will you use to measure the success of your project?

*Character Limit: 3000*

## Best Practices

If applicable, describe any practices based on previous successes or research or evidence-based strategies that will be used in your project.

*Character Limit: 2000*

## Sustainability\*

How will you sustain your project throughout this funding cycle and beyond?

*Character Limit: 1000*

## *Budget and Documentation*

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### Project Budget

Using the instructions included on the budget form, please complete both tabs, the project budget and budget narrative, and upload the Excel file below. For your reference, here is a budget example. Budgets submitted in other formats will not be considered.

*File Size Limit: 1 MB*

### 501c3 Documentation

Please upload 501c3 documentation

*File Size Limit: 15 MB*

### W9 Tax Documentation

Please upload W9 tax documentation

*File Size Limit: 5 MB*

## *End of the Application Information*

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- **Note:** Once you submit your application, you cannot edit the form. Please review your answers before submitting. Applications submitted after November 25, 2024 will not be considered.

**Please note:** Duke University Office of Duke Community Affairs will send automated email communications regarding receipt of your application from [administrator@grantinterface.com](mailto:administrator@grantinterface.com). If you find you are not receiving emails (i.e. application submission confirmations or other important reminders) from this address, look in your junk or spam folder. Please add this email to your address book and safe sender list to ensure you don't miss out on important communications. Please talk to your IT person about adding [administrator@grantinterface.com](mailto:administrator@grantinterface.com) to the safe sender list if you don't receive an email after submitting your application. Thank you!