**SUMMIT ENDOWMENT**

**2021 healthy people 2030 priority grant level iI**

**PURPOSE**

**LETTER OF INTENT overview**

Summit Endowment exists to 1) identify and address our area’s health needs and 2) to encourage development of programs and activities of nonprofit organizations that will measurably improve the health of people in our service area.

**ELIGIBILITY**

1. Applicants must be 501(c)(3) tax-exempt organizations. Departments of WellSpan Health are eligible to apply.
2. Funded programs must benefit residents of WellSpan Health’s service area.
3. Funding commitments are made on a one-year basis. Grants may be renewed for up to two additional years.
4. Specific plans for defining and measuring program outcomes must be included.
5. In funding requests, preference will be given to new initiatives over ongoing support of existing programs.
6. Capital items (those that last two years or longer with a value of $1,000 or more) may be considered if they are an integral part of a new or expanded program effort.
7. Successful applicants must participate in appropriate Healthy Franklin County task force.

**FUNDING INFORMATION & TIMELINE**

Requests for **more than $8,000 per year** per year will be considered as Healthy People 2030 Priority Grants Level II, and will be accepted on the following fixed schedule:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Letter of Intent** | **Notification of Approval**  **to Submit full Application** | **Full Application** | **Notification of Final Approval** | **Grant Term** |
| **Submission deadline** |  | **Submission deadline** |  |  |
| **December 11, 2020** | **February 5, 2021** | **March 12, 2021** | **April 16, 2021** | **July 1, 2021 – June 30, 2022** |
| **By 4:00 p.m.** |  | **By 4:00 p.m.** |  |  |

**HOW TO APPLY**

Complete the HP2020 Level II Letter of Intent utilizing the question and answer format provided. Proposals should not exceed five pages (excluding cover sheet and budget sheets) and must be submitted **electronically** to [**aspottswood2@wellspan.org**](mailto:aspottswood2@wellspan.org) Attention: Ann Spottswood, Director of Community Services. As well, **electronically** submit your organization’s 501(c)(3) IRS designation letter and most recent IRS Form 990.

**REPORTING REQUIREMENTS**

Two (2) interim reports and one (1) final written report will be required. The reporting format will be included in the grant award contract.

Questions, or for more information, contact: Ann Spottswood, Director of Community Services, WellSpan Health.

(717) 267-4861

[aspottswood2@wellspan.org](mailto:aspottswood2@wellspan.org)