

**EHF Small Grant Application****Organization and Contact Information**

**Welcome to the Episcopal Health Foundation's (EHF's) online small grant application process. Our vision is transformation to healthy communities for all. We can only make that vision a reality with the energy, creativity, and dedication of our grantee partners. Thank you for your interest in joining us in this work.**

**Please complete and submit this application and all required attachments for review. All questions are required. However, if the question does not apply to your organization or request, please indicate such in the response field. Word limits are enforced on all questions. The application will count words for you as you enter text (note the tally at the bottom of the text field), but it will not stop you from entering more than the word limit. When you click 'next' to move to the following section of the application, the system will alert you if you have exceeded a word limit and will not allow you to proceed until you correct that problem.**

Remember to always save your application before exiting or printing a copy.

**Organization and Contact Information****Name of organization:**

Fort Bend County

**Mailing address:**

301 Jackson Street

**City: State: Zip code:**

Richmond TX 77469

**Organization County:**

Fort Bend County

**Primary phone:**

281-238-3506

**Primary fax:**

281-342-0557

**Website address:**

FortBendCountytx.gov

**Federal Tax ID Number:**

If your organization is a 501(c)(3), this is the number that is on your IRS Determination Letter and annual 990 report. If your organization is a governmental agency, please enter your EIN number. If your organization has another form of tax status documentation, you will have the opportunity to provide that as an attachment to this application.

746001969

**Executive Director / CEO**

**Prefix:**            **First Name:**    **Middle Name:**

The Honorable    KP

**Last Name:**

George

**Suffix:**

**Title:**

County Judge

**Office Phone:**    **Extension:**

281-341-8608

**Mobile Phone:**

**E-mail:**

county.judge@fortbendcountytexas.gov

**Organization and Grant Overview**

**Organization and Grant Overview**

**Definitions of the following terms can be viewed at:**

[www.episcopalhealth.org/files/5014/5885/3721/2016\\_Definitions\\_of\\_Application\\_Terms.pdf](http://www.episcopalhealth.org/files/5014/5885/3721/2016_Definitions_of_Application_Terms.pdf)

**Year Organization Established:**

1837

**Previous Year's Operating Budget:**

2023932.00

**Organization Type:**

(Select One)

Governmental

**Organization Relationship to Low Income Communities\*:**

EHF is interested in learning the proximity of our grantees' work to low income communities and vulnerable populations.

\*A Low Income Community is an area defined by the Bureau of the Census as a poverty area.

**Considering your organization's mission, select the phrase that best describes your services:**

- LIC Exclusive: Our mission is to work exclusively with low income families and communities.
- LIC Primary: Our mission is to work primarily with low income families and communities, but we serve others.

- LIC Focus: Our mission includes a focus on low income families and communities among other priorities.
- LIC None: Our mission does not contain a specific focus on low income families and communities.

LIC Focus

**What are the mission and vision of your organization? (250 words)**

**MISSION**

The mission of Fort Bend County Social Services (FBCSS) is to provide comprehensive social services to individuals and families in need.

**VISION**

Guide individuals and families to transition from crisis to sustainability.

**Grant title (20 words):**

FORESIGHT Resident Engagement -Fall 2019

<b>Request Amount:</b>	<b>Total project/program budget:</b>
2500.00	2500.00

**Total organizational budget for current fiscal year:**  
2023932.00

**Proposed start date:**

9/1/2019

**Proposed end date:**

10/31/2019

Remember to always save your application before exiting or printing a copy of this application.

## Detailed Grant Request

### Detailed Grant Request

**Describe the need that you will be addressing. (250 words)**

In Fort Bend County there is a need to advance and reshape the future of our healthcare system to meet the challenges facing our vulnerable populations. In addition to there is a need to listen to our residents and explore what contributes to residents' current state of health and well-being.

**What are the expected outcomes? (250 words)**

Identify and interview 10 residents in Fort Bend County to participate in resident engagement process. Complete 10 resident interviews utilizing the SenseMaker App. Provide each 10 residents with \$50 gift card as an incentive for participating in interviews.

**From what county will this grant be administered?**

(Select One)

Fort Bend

**Which of the 57 counties in the Episcopal Diocese of Texas do you primarily serve? You may**

**check more than one county if appropriate.**

Fort Bend

Remember to always save your application before exiting or printing a copy.

### **Attachments**

#### **Required Attachments**

**Documentation of tax status:**

This would be a copy of the IRS letter confirming your organization's status under Section 501(c)(3) or 170(c) or other appropriate documentation.

**Current operating budget:**

Please show revenues, expenses, and the amounts and sources of committed and pending funds.

**Project budget with description of each major expenditure category.**