Community Partnership Grant Application - 2026

Healthy Lakewood Foundation

General Organizational Information

Mission Statement*

What is your organization's mission statement?

Character Limit: 1500

General Organization Overview*

Provide a brief overview of the organization's work.

Character Limit: 2000

Years of Operation*

How many years has your organization been in operation?

Note: Community Partnership Grants typically support organizations with at least three (3) years of operations. If your organization is newer, please reach out to HLF staff at info@healthylakewoodfoundation.org to discuss whether this grant is the right fit.

Character Limit: 50

Lakewood-Based*

Is your group/organization headquartered in Lakewood, Ohio?

Choices

Yes
No

Service Area*

What is the geographic region that your organization/group serves?

Choices

Lakewood-only
Western neighborhoods/suburbs of Cleveland
Cuyahoga County
Greater Cleveland Area (Cuyahoga and certain surrounding counties)
State-wide
Other

Staffing*

How many paid staff members do you employ? *(Both part-time and full-time)*

Choices

None

1 to 3 Employees
4 to 7 Employees
8 to 15 Employees
15 to 25 Employees
Over 25 Employees
Over 50 Employees

Number of Active Volunteers

Approximately how many active volunteers are currently serving your organization, if applicable?

Character Limit: 100

Nonprofit Status*

Is your organization classified as a nonprofit 501(c)(3) organization in good standing with the IRS or do you have a fiscal sponsor?

If neither applies, please reach out to HLF staff at info@healthylakewoodfoundation.org to discuss next steps.

Choices

501(c)(3) nonprofit organization in good standing with the IRS
Have a fiscal sponsor

Nonprofit Status

IRS Determination Letter*

Please attach a copy of your organization's IRS determination letter for federal tax exemption under Section 501(c)(3).

File Size Limit: 5 MB

Fiscal Sponsorship Information

Fiscal Sponsor Information*

Please provide:

- Name of fiscal sponsor
- Primary contact person and title
- Primary contact email and phone

Character Limit: 500

Fiscal Sponsorship Agreement

If you have a copy, please upload your Fiscal Sponsorship Agreement here.

Please also indicate:

- When your fiscal agreement began
- End date, if applicable
- Any annual fees associated with your fiscal sponsorship

Character Limit: 500 | File Size Limit: 5 MB

Governance

Sound governance and fiscal oversight help organizations turn support into sustained community impact, regardless of size or budget. HLF looks for this capacity in the organizations we fund, and works alongside grantees, including smaller and grassroots groups, to strengthen it where needed.

HLF believes that diverse perspectives and equitable practices strengthen the nonprofit sector's ability to serve the community well. Understanding how organizations reflect the communities they serve and incorporate a range of experiences and ideas helps HLF ensure our funding reaches and reflects the full community we aim to serve.

These questions are optional and will not affect funding decisions. We understand that federal funding requirements and other policies may limit what some organizations can collect or share on these topics. We include them because many grantees have told us they want space to share this work.

Organizational Structure*

Please share with us your general organizational structure. This might include, but is not limited to:

- How your board provides oversight and guidance
- How you manage finances and budgets
- How staff and volunteers work together
- Any areas where you'd like to strengthen your operations

We are asking this to understand where you are now and how HLF's support might help you build capacity if that is a goal.

Character Limit: 3500

Upload Form 990 or Financial Statements*

Please upload a copy of your organization's most recently filed Form 990 (if available).

● If you have not filed a 990, please provide audited financial statements (most recent available).
● If you do not have a 990 or recent audited financial statements, please explain your situation here.

You may also provide a link in the text box if your 990 is posted on your website.

Character Limit: 1500 | File Size Limit: 5 MB

Financial Oversight*

How often does your board or fiscal sponsor review and verify your budget-to-actuals throughout the year?

Choices

Monthly
Quarterly
Annually
Board/Fiscal Sponsor does not review financials

Board and Staff Diversity

Please share information about the diversity of your staff and board (as it is available/disclosed). Diversity factors may include, but are not limited to, race, ethnicity, gender, sexual orientation, age, and disability.

Character Limit: 1500

DEI Commitments and Advancement

Has your group/organization made specific commitments to advance diversity, equity, and inclusion within its internal and external operations? If so, please share your work.

Additionally, how can Healthy Lakewood Foundation support you in the commitments you have made or would like to make?

Character Limit: 1500

Funding Request

Application Name*

Please offer a name for the work you are submitting for funding; it can be program specific or you can use the name of your organization.

Character Limit: 200

Who Do You Serve? (select all that apply)*

Please tell us who your work reaches in Lakewood. We're particularly focused on supporting work with:

Choices

Low-income families and individuals
Children and youth
Racial and ethnic minorities, including refugees and immigrants
Older adults
Persons with disabilities
LGBTQIA+ identifying residents
Uninsured and underinsured residents

Key Health Equity Areas (select all that apply)*

We focus on four key areas that impact health. Which one or more of these areas does your work address?

Choices

Basic needs and stability (housing, food security, safety, essential services)
Mental health services (counseling, prevention programs, crisis support, trauma-informed care)
Education (education access, early childhood, school readiness)
Community connection (social connection, engagement, health-promoting programs/spaces)

Describe Your Work and Its Impact*

Please describe the work you're doing (or planning to do) in Lakewood. How will this funding request allow you to advance health equity for the populations you serve?

We understand "health equity" broadly - it includes not just healthcare, but also the conditions of health, like housing, food security, education, safety, mental health, and community connection.

Help us understand:

- What work are you doing in Lakewood?
- How does this work support the health and wellbeing of Lakewood residents?
- What makes this work important to the community?

Character Limit: 7500

What Does Success Look Like to You?*

We emphasize learning and relationship-building over standard reporting because we believe you know your work best. We want to understand success from your perspective, both the progress you hope to make and the unexpected discoveries that happen along the way. Thinking about the year ahead (or two years if requesting multi-year funding):

- What are you hoping to achieve? What will success look like?

- How will you know you're making progress? What are you curious to learn along the way?
- What challenges do you anticipate?
- What would help you be successful? How can HLF support you in meeting these challenges?

Character Limit: 3500

Collaboration in Lakewood*

We value authentic relationships - tell us about the collaborations with Lakewood organizations that are meaningful to your work. This might include partnerships, referral networks, shared programs, or other collaborative efforts.

You may also upload letters of collaboration, if you have them.

Character Limit: 3500 | File Size Limit: 2 MB

Amount Requested*

Note: Community Partnership Grants typically range from $7,500 - $50,000 per year and may cover up to a two-year period.

What is the total amount of funding that you are requesting? Briefly describe how this funding would best support your work, including your preferred timeframe (one or two years), the types of expenses it would cover, and how it fits your overall organizational needs.

Character Limit: 1500

Financial Fiscal Year*

What are your current financial fiscal year dates?

Character Limit: 250

Organizational Operating Budget*

What is your organizational operating budget for the current fiscal year?

Character Limit: 20

Upload Organizational Budget*

Please either upload your current annual organizational budget or list it in the text box below.

Character Limit: 1000 | File Size Limit: 4 MB

Balance Sheet

Please upload your most recent monthly balance sheet for this calendar year. If your organization does not have a balance sheet, please note this in the text box.

Character Limit: 500 | File Size Limit: 4 MB

Program Budget (Optional)

If a program budget would help clarify your funding request, please upload it here. ***This is especially helpful for regional organizations to show programming costs specific to Lakewood.*** (Note: HLF supports both program and general operating expenses, including overhead costs.)

Character Limit: 1000 | File Size Limit: 5 MB

Additional Information (Optional)

Is There Anything Else We Should Know?

Optional: Is there anything else you would like us to know about your organization, this work, or how HLF can best support you? This is your space to share anything we have not asked about.

Character Limit: 1500

Additional Materials/Supporting Document

Optional: You may upload additional documents related to your work here, or you may link to websites in the text area.
If you have more than one document to share, please send remaining documents to info@healthylakewoodfoundation.org.

Character Limit: 1500 | File Size Limit: 2 MB

Verification and Authorization

Policy of Non-Discrimination*

The Healthy Lakewood Foundation does not fund organizations that in their constitution, by-laws or practices discriminate against a person or group on the basis of age, race, national origin, ethnicity, gender, disability, sexual orientation, political affiliation, or religious beliefs.

Please confirm that your organization will adhere to this requirement during the term of this grant period.

Choices

I confirm
I do not confirm

Authorization*

By submitting this application, I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization (or fiscal sponsor organization) is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.