

COVID-19 Relief Fund

Request for Grant

In this time of unprecedented crisis, Cardinal Innovations is committed to our members' needs and those that care for them. The social and economic impacts of the novel coronavirus (COVID-19) are real, and we are committed more than ever to ensuring that services and supports are available to those in need.

As part of our ongoing philosophy of community reinvestment, Cardinal Innovations has created the COVID-19 Relief Fund to support local responsiveness in a way that impacts the health, wellness and stability of vulnerable populations impacted by COVID-19, particularly individuals with mental health conditions, intellectual/developmental disabilities, and/or substance use disorders. We are placing a particular emphasis on initiatives that will make an immediate impact on the availability of social services and increase the community's overall ability to serve those who are disproportionately affected by the pandemic.

Cardinal Innovations is committing an initial total fund amount of \$1,000,000 to provide assistance where it is most needed. Requests for grants up to \$20,000 will be accepted, with award amounts to be aligned with the number of people reached and overall impact.

In order to facilitate responsiveness to immediate needs, Cardinal Innovations will accept applications on an ongoing basis throughout the pandemic. We will deploy an expedited review process and make determinations as quickly as possible following grant submissions. Please contact Allison Stewart at allison.stewart@cardinalinnovations.org with any questions. Together we will continue to make a difference in the lives of those we serve.

Sincerely,
Cardinal Innovations Healthcare

Request for Grant Process Requirements

Guidelines:

- Submissions can be completed online (www.cardinalinnovations.org/covid19-relief-fund) or by sending this document by email to Allison.Stewart@cardinalinnovations.org.
- The area of need should be explained, including how the investment will provide additional services and/or supports within the community, and how your proposal aligns with the mission of Cardinal Innovations Healthcare.
- Proposals from the following 20 counties will be considered, and our goal is to distribute them as equitably as possible:
 - Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance and Warren
- The following entities may submit a proposal for consideration:
 - Counties
 - Local Public School Systems/Districts and/or Higher Education Institutions
 - Municipalities
 - Non-profit community-based organizations
 - Healthcare providers who are implementing new programs currently not available for members (*Cardinal Innovations is working closely with providers and DHHS to bolster existing programs through enhanced rates, expanded service arrays, etc.*)
- Grant requests are limited to one page. Supplemental brochures and/or letters of support are not necessary, but can be submitted as supporting material via email at allison.stewart@cardinalinnovations.org.
- A budget form must be submitted with your proposal. (*see page 5*) This form should itemize expenses and justify how final dollar amounts were determined. Requests for grants up to \$20,000 will be accepted.
- A report detailing how the funds were utilized and impactful in the community must be submitted to Cardinal Innovations Healthcare by June 30, 2020.
- Clarification questions may be asked at any time by submitting questions via email to Allison Stewart at allison.stewart@cardinalinnovations.org.

Grant Proposal Cover Page

Organization:			
Address:			
City, State, Zip:		County:	
Primary Contact:		Position:	
Phone:		Email Address:	

Name of grant:	
Describe how funding will be used:	
Amount Requested:	

Please return the completed signed cover page with your attached proposal and budget via email to:
allison.stewart@cardinalinnovations.org.

Please email Allison Stewart at allison.stewart@cardinalinnovations.org regarding any questions during the RFP process.

 Applicant Signature

 Date

 Applicant Printed Name

2020 Budget for Requested Funds

Please use this form and/or attach a page detailing the proposed budget.

Organization Name:

Expense	Description	Dollar Amount Requested
	Total Funds Requested	