



FAITH-BASED HEALTH COLLABORATIVE HEALTH & WELLNESS MINI-GRANT APPLICATION

ABOUT THE FAITH-BASED HEALTH COLLABORATIVE

The Faith-Based Health Collaborative assists and supports community congregations Health Ministry Teams as they carry out the mandate(s) of their churches as directed by Senior and/or lead Pastor, Officers and Church Boards in supporting the various trainings, education, and exchange of educational materials and educational opportunities. These activities assure access to educational resource information, health promotion and prevention initiatives, knowledge and opportunities to lead to healthier lives and reduce health disparities.

Highmark created the collaborative in 2012 under the direction of Dr. Rhonda Johnson. The Faith-Based Health Collaborative has worked to help community members as they put their ideas into action in support of their congregations' health ministry plan and educational needs. The Collaborative assists congregations with developing health-related programs to improve the health, well-being and quality of life for individuals in those communities.

FAITH-BASED MINI GRANTS

To support community churches in their efforts to bring awareness, education, and health information to community members, in partnership with the Highmark Foundation, we are pleased to announce the Faith-Based Health Collaborative Mini-Grants. Each church can apply for a grant ranging from \$250 to \$500 to support faith-based health programs that connect to monthly National Health Observances (www.healthfinder.gov/NHO) and other essential health educational needs in the churches. Projects which demonstrate the pledged support of church congregations and the community, help to strengthen connections, and increase the wellness of the members and community are eligible for funding. Grant recipients will also receive additional support through the Faith-Based Health Collaborative Advisory Board to further develop their project.

DEADLINES AND HOW TO APPLY

Applications are to be completed by **June 30, 2023**. Decisions will be announced **10 days from receipt of the Mini-Grant**. Those applications not selected will be considered during the next awards funding cycle.

The preferred method of submitting your application is by email. Please email your applications and questions or concerns to our new email address: FBHCollaborative@gmail.com. Should you have further questions please do not hesitate to contact Rhonda Jennings, Secretary, Faith-Based Health Collaborative at (412) 231-1258.

Mini-Grant Application

PROJECT INFORMATION

- Faith Based Ministry Health Team Name
- Church Organization and or Faith Based Organization name
- Complete Address of the Church/Faith Based Organization
- Faith-Based Health Collaborative Calendar of Monthly Health Observances
- Project Website(s) if applicable

PROJECT LEADER

- Name, Title, Organization Affiliation (if any)
- Primary Email Address
- Preferred and Alternate Telephone Numbers
- Pastors or Leader of the Faith Based organization applying for the grant.
- Complete Mailing Address of the person applying for the grant.

PROJECT DESIGN

Please include sufficient detail in your application for questions 1-7 in approximately two pages:

1. **Description:** Tell us about your project idea. Provide a brief statement that summarizes the project for which you are requesting support and what it will achieve.
2. **Needs:** Using your own words, describe the needs of your church and its members that you are addressing. Consider the past, the present, and how you see it in the future.
3. **Place:** Where will your project activities take place? What role does this place serve in your community?
4. **People:** Describe the participants. Who and how many people will participate in your project? How will they benefit?
5. **Plan:** How will you implement your project, specifically all relevant activities and events. Do you anticipate facing any challenges or barriers to implementation? If so, how do you plan to address them?
6. **Promotion:** How will you build awareness of your project? Do you have plans for promoting, marketing, or advertising?
7. **Date and Time:** *When will this project take place (month, date, year)? Where will the program take place?*

***The Survey Form must be completed no later than two weeks after your event/activities have been completed. We pray for your much success and please contact us should you have questions and/or need additional support of any kind.**