

BEACH CITIES HEALTH DISTRICT MICRO-ENRICHMENT GRANTS OVERVIEW

Beach Cities Health District (BCHD) is among the largest preventive health agencies in the nation, and has served the communities of Hermosa Beach, Manhattan Beach and Redondo Beach since 1955. We offer an extensive range of dynamic health and wellness programs, with innovative services and facilities to promote health and prevent diseases in every lifespan—from pre-natal and children to families and older adults.

Mission

To enhance community health through partnerships, programs and services for people who live and work in Hermosa, Manhattan and Redondo Beach.

Vision

A healthy beach community.

BCHD 2019-2022 Health Priorities

Nutrition and Exercise
Social-Emotional Health
Substance Use
Cognitive Health

Application will open on Monday, October 4, 2021 and are due no later than noon on Friday, November 12, 2021. Grant award announcements will be made in December 2021. Please submit completed application via email/mail/fax to:

Charlie Velasquez
Executive Assistant to the CEO
1200 Del Amo St.
Redondo Beach, CA 90277
Charlie.Velasquez@bchd.org
Fax: (310) 376-4738

BCHD's Micro-Enrichment grants (MEG) provide **small, one-time project-based** health initiatives up to \$5,000 of funding. Micro-Enrichment Grants are intended to support small community projects that may otherwise not be funded by other means. Community organizations and groups, non-profit organizations and individuals are eligible to apply. Micro-Enrichment Grant funding is intended for one-time projects and not intended to be an ongoing source of funding. Projects that have received MEG funding in the past are not eligible to receive funding for the same project. The projects must be completed within one (1) year of being awarded funding, if not, you must ask for an extension. Funds will not be awarded for events/activities held before the announcement of awardees in December 2021.

Application Criteria

- Individuals or groups requesting MEG must be legal residents of or provide services to residents or employees in the three Beach Cities.
- The project must impact the health of the community within the scope of the BCHD health priorities, mission and strategic goals.
- Funding cannot in any way be related to fundraising activities or sponsorships for charitable events.
- Applicants associated with foundations that are sponsored or controlled by existing District grant recipients are not eligible to apply for additional funding.
- Funding cannot be related to the general operating budget of the applicant organization. Funding cannot be replacement funds so that a project's current funding can be shifted to other programs of the applicant.
- Funding cannot be for basic research, defined herein as the pursuit of knowledge without immediate practical program or human application.
- The applicant must complete the MEG application form in its entirety for consideration. Incomplete applications will be returned.
- The applicant must sign an agreement and submit a final summary report at the completion of the project.
- MEG funding is intended for one-time projects and not intended to be an ongoing source of funding. Projects that have received MEG funding in the past are not eligible to receive funding for the same project.

An ad-hoc Grants Committee will review applications through a competitive selection process. There are two application windows each year in March and October. There is \$22,000 available for allocation in Fall 2021 Micro-Enrichment Grant application window.

In accordance with AB 2019, BCHD staff members and Board members are prohibited from scheduling individual meetings with grant applicants to discuss their grant proposal.

MICRO-ENRICHMENT GRANT APPLICATION

GENERAL INFORMATION

Name of Organization or Individual: _____ Today's Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

REPRESENTATIVE CONTACT INFORMATION

1st Contact:

Contact Name: _____ Relation to Organization: _____

Phone Number: _____ Email Address: _____

2nd Contact (optional):

Contact Name: _____ Relation to Organization: _____

Phone Number: _____ Email Address: _____

PROJECT DESCRIPTION

Project Name: _____

Describe the project you are proposing in detail.

What are your goals and objectives of the project?



Live Well. Health Matters.

Do you need to make any accommodations to your project based on COVID-19 restrictions and protocols? How will those be implemented?

What is the need this project will be fulfilling?

Who is your target population and how will they benefit from this project?

How will success of the project be measured?

HEALTH IMPACT

Please describe how this grant will impact the health of the community within the scope of the BCHD priorities.

Date of Project:

From: _____ To: _____

BUDGET

Please indicate with detail the costs of the project and how the grant money will be spent.

Amount Requested: \$ _____

Please itemize how the grant money will be spent:

Expense Item	Description	Cost Estimate	# of Units needed	Total
				\$
				\$
				\$
				\$
				\$
Total Expenses:				\$

Please add additional pages/attachments if applicable

Total cost of project if greater than amount requested: \$ _____

Other Sources of Funding (if applicable):

1. _____
2. _____
3. _____

ELIGIBILITY REQUIREMENTS:

In order to be eligible for a Micro-Enrichment Grant, please check each box indicating that your request for funding meets the following requirements:

1. Funding will **not** be related to fundraising activities or sponsorships of charitable events.
2. Funding will **not** be related to the general operating budget of the applicant/organization.
3. Funding will **not** be used as replacement funds so that a project's current funding can be shifted to other programs.
4. Funding will serve the residents and/or employees of Hermosa Beach, Manhattan Beach, and/or Redondo Beach.
5. Projects that have received MEG funding in the past are not eligible to receive funding for the same project. MEG funding has not been awarded in the past for the same project.

SIGNATURE

I verify that the above information is true and correct to the best of my knowledge:

Signature: _____ **Print Name:** _____ **Date:** _____

FOR SCHOOL APPLICANTS ONLY

School affiliated applicants MUST get approval from the school principal:

Signature: _____ **Print Name:** _____ **Date:** _____

OFFICE USE ONLY

MEG Liaison Approval

This organization/individual has completed all documentation necessary for submitting the application for grant consideration:

Yes No (explain below):

Rationale: _____

MEG Liaison Signature: _____ Date: _____

CEO Approval:

This group/individual is approved for a Micro-Enrichment Grant:

Yes No (explain below):

Rationale: _____

Awarded Amount

\$

CEO Signature: _____ Date: _____

Additional Notes: