

2026 Healthier Communities Rapid Response Grant Fund Application

Contact Information

1. Please complete the following fields: *

Organization Name *

Address *

City *

State

Zip Code *

Executive Director/President/CEO *

Proposal Contact Name: *

Email Address *

Phone *

2. What is your organization's 2025 operating budget? *

3. Candid Profile Link (Optional but recommended)

Please copy and paste the link to your organization's Candid profile, if available.

You can use this link: <https://www.candid.org/>

Example: Corewell Health - Candid Profile

Eligibility Check

4. Is your organization a 501(c)3 organization, a project with a fiscal sponsor, or government agency within Kent County? *

Yes

No

5. Does your organization, project, or program provide services for underserved and economically disadvantaged populations in rural and/or urban communities of Kent County, MI? *

Yes

No

6. What percentage of the clients you serve live in Kent County? *

- Greater than 50%
- Less than 50%

7. It doesn't seem you qualify, please explain why you should be considered for future opportunities.

Request Description

8. Please provide a brief overview of your organization, including its mission, vision, and values. *

9. What is the total amount of this funding request? *

10. What is the minimum level of funding you could accept to maintain services or meet the need? *

11. This question is for internal use and will not impact award decisions. This request for funding may be categorized as: *

- Building / Facilities
- Capacity Building
- Client Services
- Emergency Management
- Organizational Capacity
- Program Services
- Other - Write In (Required)

12. Briefly explain, what will this funding be used for?

If applicable, please indicate the number of individuals or families you currently serve and describe the anticipated impact of this funding. For example, will it enable you to increase services (e.g., “expand support from 25 to 50 individuals”) or sustain current service levels (e.g., “maintain safe, stable housing for 20 families”)? *

13. What is the emerging need, change, or unexpected opportunity within your organization that you are responding to with this funding?

- Provide a detailed explanation of the emerging need, change, or unexpected opportunity your organization faces.
- What aspects of the situation could not have been planned for?
- If you are experiencing increased demand, please provide comparative data to illustrate the change. This may include:
 - Your typical baseline, such as the average number of households or individuals you serve (e.g., *40 households per month* or *15 requests per week*).
 - Your current surge levels, highlighting how demand has increased (e.g., *75 households per month* or *32 requests per week*).

*

14. Why is this funding needed immediately? *

15. What happens after this funding runs out?

Please provide a full illustration of your sustainability plan.

- What actions are you implementing to continue operations as needed once the Rapid Response funds run out?
- Which community partners currently provide support to your work and which are you seeking partnership with?

*

16. What is your timeframe for completing this activity/project? Note: funds must be spent within 6 months of receipt. *

17. Please use the provided budget template to represent:

Sheet 1: A budget of how you will spend requested Rapid Response funds and a narrative of what funds will be spent on.

Sheet 2: The total cost of your project and what percentage of that cost would be funded by Healthier Communities.

This is a sample budget for reference. *

Browse...

18. Please upload your organization's W-9. Your application will not be considered without a current W-9. *

Browse...