



Frequently Asked Questions (updated 3/16/2026)

Questions related to application and eligibility

Q: Will the application information session be recorded?

A: Yes, the overview portion of the webinar will be recorded and posted to the [HEF website](#) and [RHPHF YouTube channel](#). The Q&A portion will not be recorded but critical questions asked at the webinar will be added to this FAQ page after the webinar.

Q: Are there character or word limits for application responses?

A: Yes, the majority of the questions have a 250-word limit but a few questions allow for a 500-word limit.

Q: In which part of the application should I provide additional details about currently established partnerships? One area asks for a brief list of established or desired partners, which does not feel like the appropriate area for more detailed information about those partnerships' influence in scope of work.

A: You are welcome to detail how your partner(s) will be involved in the proposed scope of work within the previous question that requests more detail around each funded activity included in the application. For example, you can include the name and scope of a subcontractor you plan to partner with for programming which should also be noted within your draft budget.

Q: Can more than 1 person work on the application and stop and start it?

A: Yes, if you share your return code with the other person. When you start the application, you are given the option to save and return with a specific code.

Q: Is there a way to get a copy of the application form after submitting?

A: Yes – You will be offered the option to download a copy of your responses after submitting your application. If you have any issues downloading a copy, please email HEF@rhphf.org.

Q: What are the geographic limits of the HEF?

A: The City of Richmond requires any funds spent from the Health Equity Fund to be for service or program delivery for Richmond City residents only. If your program operates in multiple locations, the grant can only fund the portion of the program based in Richmond City.

Q: Why does the HEF only accept projects in the Richmond community? In the future, will this funding opportunity be available to other localities (i.e. local tribal governments in the area)?

A: Richmond and Henrico Public Health Foundation is the nonprofit arm to the Richmond and Henrico Health Districts. Our health departments have shared leadership, and we operate across both jurisdictions; however, the money that is funding the Health Equity Fund came from the City of Richmond and therefore only projects serving Richmond City residents will be funded at this time. HEF seeks to diversify its funding by building new public-private partnerships with localities, philanthropic organizations, corporate partners, and individuals.

Q: How would we handle individuals in the city with no fixed address? This could include individuals coming directly from incarceration and moving into recovery transition houses or transient populations with unstable housing in City limits.

A: The City of Richmond requires any funds spent from the Health Equity Fund to be for service or program delivery for Richmond residents only. Individuals or families with transient residency status can still be served by HEF-funded programs if the program provider can reasonably affirm that recipients are living in Richmond, and the cause(s) of their transient status are related to the health inequities sought to address. Examples may include recovery programs in the city or programs linked to or organized through transitional housing in the city. For programs or initiatives that do not directly serve individuals but instead focus on larger communities or constituencies, the service or program would need to be delivered in Richmond or reasonably targeted at Richmond residents.

Q: Is funding available to new organizations that are just getting started?

A: Newer organizations are welcome to apply! Preference will not be shown based on how long the organization has been in existence.

Q: Are faith-based organizations or churches able to apply?

A: Yes. If a faith-based organization is funded, there is a requirement in the contract that all services and programs offered by the organization will be made available to any Richmond resident regardless of race, color, religion, sex, national origin or ancestry, disability, genetic information, citizenship, veteran status, and age.

Q: Are nonprofit and for-profit organizations eligible?

A: Yes, both nonprofit and for-profit organizations are eligible.

Q: Would organizations that are not nonprofits need a 501(c)3 fiscal sponsor?

A: No.

Q: How should we respond to the target population question if our program serves multiple overlapping groups?

A: Identify the primary population your project focuses on, as funding is aimed at addressing disparities for specific groups. Consider which population experiences the most significant disparity that your program seeks to address. While intersectionality is important, your response should highlight the primary disparity and how your project aims to address it.

Q: What is a competitive or desired number of people to reach?

A: The number depends on your project, population, and disparity being addressed. Be realistic about how many people you can effectively serve while maintaining quality. There is no set number, but it should align with your project goals, impact, and budget.

Q: Can we apply for multiple projects that fit the HEF's priorities in one application?

A: Health Equity Fund grants are project specific. If you can form a coherent narrative about a disparity and how multiple activities work together to address that disparity, you may be able to combine them into one application. However, if they are truly entirely separate programs, we would suggest focusing on only one program per application.

Q: Can an organization submit applications for more than one program or service for their organization independently?

A: Yes.

Q: Can an organization request multi-year funding in their application?

A: Yes, please indicate the most impactful start and end dates for your proposed programming in your application ensuring that your planned budget aligns with the project timeline. Though, the usual funding length of funded projects is one year.

Q: Can we reapply each year, or this is a one-time funding opportunity?

A: Previous applicants who were not selected are able to reapply for funding each year. Currently funded partners are able to submit applications for *new* scopes of work each year as well. It is important to note that there is a separate application process annually for currently funded partners looking to renew investments for existing scopes of work funded through the HEF.

Q: If an organization has already submitted a renewal application, can they also submit another (new) application for a new scope of work?

A: Yes.

Q: What should we review before deciding whether to apply for a HEF grant?

A: We recommend that all applicants review the grant guidance, application questions, and sample grant contract.

Questions related to allowed expenses

Q: Can funds cover salaries or personnel services?

A: Yes, funds can be used to compensate personnel and staff. We understand that some staff often hold multiple roles in an organization. The amount of funding you request for a particular staff member should reflect the amount of work they are contributing to the specific program or project you are applying for. Please note that HEF funding is not meant to serve as an ongoing funding source for staff and personnel expenses.

Q: Can an organization share their funds with another organization?

A: Yes. If the work you are seeking to fund is a part of a collaborative project, or you feel that you can be more impactful addressing health disparities through a collaboration, then you can include details on additional partners in

your application. You should explain how the partnership is critical in the “Proposed Scope of Work” section of the application.

Q: Would a capital project be appropriate for funding?

A: HEF has not funded any capital expenditures to date. However, as the HEF diversifies its funding, there may be future opportunities to do so.

Questions related to funding decisions and priorities

Q: Who chooses the participants to get the grant?

A: The Community Advisory Committee (CAC) will select the organizations/projects/ community leaders to receive investment. There are 11 members of the CAC with diverse personal and professional experiences across all health disparity focus areas within the HEF’s funding scope. The committee offers insight from lived experience, direct service provision, health policy, and research.

Q: The Build Back Healthier priority areas are quite broad. Is there any more information on what work under each priority is most important to the committee?

A: Overall, the HEF welcomes solutions that provide direct programming to address immediate health outcomes, and broader strategies that address the social determinants of health that are the root causes of poor health in communities across Richmond (housing, transportation, economic stability, community support, etc.). The HEF Community Advisory Committee identifies the specific characteristics within the Build Back Healthier priority areas of health disparity that may maximize the impact of HEF investments. To-date those have included funding projects with leadership from impacted communities, demonstrated support of impacted communities, projects that can not otherwise be funded by existing sources, and projects with evidence of impact (whether from local existing work or from broader national evidence from similar interventions). The CAC reviews applications in detail to understand the populations proposed to be served and the partners’ approach to addressing relevant health disparities. The Build Back Healthier priority areas were identified in 2021 by layering ongoing, comprehensive data analysis about trends in health outcomes with data from relevant community engagement processes.

Q: Would awards favor capacity building and sustainability vs. operations?

A: Not necessarily. We understand that all organizations or projects will be in different phases. You will have an opportunity to explain about where the funding gap exists - whether that is because you are looking to expand your work or because you have a difficult time funding a specific role or project - and how the funds will target and impact certain health disparities.

Q: Is there a priority for new projects?

A: No, there is not necessarily a priority for new projects simply because they are new. There are many organizations that have existing and impactful work and could benefit from additional funding to either scale or sustain that work. Projects will be evaluated on their proposed activities or service and its potential impact on addressing health disparities for Richmond residents, the unique need for Health Equity Fund investment, and alignment with resident needs and community support.

Q: What if your organization is providing services or partnerships in more than one of the key focus areas?

A: This is great! There is an opportunity in the form to select both the *primary* area of health disparity you are looking to address and also an opportunity to select the *additional* areas of health disparity you may impact. We understand that some of the health focus areas are closely associated with one another. Note that your submission will be evaluated and assessed in the primary category that you select as the one that best describes your work. Therefore, mental health services will only be evaluated against other mental health services when the Community Advisory Committee makes decisions about funding.

Q: Will everyone selected to receive funding receive the same amount?

A: No. Each program/project/service selected will receive an amount corresponding with a specific scale, volume, or duration of their proposed work.

Q: How many organizations will be awarded funding?

A: There is no set number of organizations that will be awarded funding. Ideally, the Community Advisory Committee will select at least one project from each of the health disparity focus areas; however, the final number of projects selected will depend on the amount of funding requested and the final scope of work.

Q: Is there a ceiling on award requests?

A: There is no defined minimum or maximum amount for one-year project requests. Some organizations may need a one-time, smaller investment and others may need a larger investment. To date, the average size of awards is \$85,000. Our smallest investment was \$10,000 and the largest was \$150,000.

Q: How competitive is the HEF?

A: About 13-15% of HEF applications are funded. In a typical year, we receive 80-100 applications and fund 10-15 grants.

Q: How often do first time applications receive funding?

A: Each year, we have a mix of repeat grantees who have received funding for multiple projects, past grantees that have not received funding from HEF in several years, and grantees who are new to HEF. Each year, we generally have at least a few grantees that have never received funding from HEF in the past.

Q: Are we able to see a list of previous recipient organizations?

A: Previous recipients of HEF investments may be found on the Richmond and Henrico Public Health Foundation website - <https://rhphf.org/health-equity-fund/>.

Questions related to after funding is dispersed

Q: If approved for funding, when should activities described in the application begin?

A: If you are selected to receive an HEF investment, the funds can not be used toward activities/services that have already been provided prior to the project start date outlined in the contract. The activities outlined in the application should ideally begin July 1, 2026 or after, but details around timeline will be finalized during the program plan development process if selected for funding. Project timelines have on average typically been set to one year, but a funded project's final timeline will reflect the details specific to the final project scope. This year, we are also offering mini-grants of approximately \$10k, which will be restricted to a July 15, 2026 - December 15, 2026 project period.

Q: When would funds be dispersed if awarded?

A: Following contract execution, fund disbursement may not occur until Fall 2026. The total award may be distributed in multiple payments and is not based on reimbursement.

Q: How will we access funds if selected?

A: The primary way funds are dispersed is via electronic fund transfer; however, a check may be mailed in some cases.

Q: Is this a funded grant or a reimbursement grant?

A: It is a funded grant. After the contract is executed and an invoice for payment is received, the HEF will disburse funds to selected partners.

Q: What kind of information will be asked in the quarterly and annual reporting requirements? How will that process be handled?

A: Quarterly reporting may be requested for updates comparing actual to budget spending of the funding received as well as status of the project and progress towards completion. Annual reporting includes actual project elements and progress made towards health outcomes. Some reporting elements include the demographics of any residents directly served including age, race/ethnicity, gender, household income, and physical address/zip code. If your project focuses on delivery of community programming that is not specific to individual residents, then you would report these same elements at the aggregate level. No individual personal or identifying information needs to be submitted although your organization may still choose to collect this. Annual reporting will also include narrative updates on implementation progress, input from individuals involved and served, and data reporting on specific indicators and outcome metrics that you will choose prior to finalizing your funding scope. Annual reports will be due every year throughout your project term. A staff member from the HEF will provide appropriate reporting templates and reminders of deadlines.

Q: Will the Health Department provide data during the grant activity period so that the services are given to the areas most in need?

A: The Health Department can share certain publicly available data that can inform on what we can know about the health outcomes of and disparities between our populations in Richmond. Partners will be responsible for their own data collection and evaluation of their work. The Health Department may

offer limited technical assistance in how a partner might design their data collection and evaluation method.