

# FANNY HOLT AMES AND EDNA LOUISE HOLT FUND

*Bank of America, N.A., Trustee*

## 2021-2022 Guidelines and Application Tips

### CONTACT INFORMATION

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### FUND BACKGROUND

The Fanny Holt Ames and Edna Louise Holt Fund (the Holt Fund) was created at Edna Louise Holt's instructions, and established in 2000, with Bank of America as the Trustee. The Fund's objective is to meet the medical needs of Grafton, Vermont and surrounding towns with primary consideration given to Grace Cottage Hospital. The Trustee has contracted with Health Resources in Action to support the charitable purpose of the Holt Fund.

To date, the Holt Fund has invested more than \$18.7 million in programs to improve community health outcomes in Grafton, Vermont and surrounding towns. For additional information about the Holt Fund and a list of programs funded, visit: <https://hria.org/projects/fanny-holt-ames-edna-louise-holt-fund/>.

### MISSION AND GUIDING PRINCIPLES

The Holt Fund focuses its funding and resources on meeting the medical needs of individuals who live in Grafton, Vermont and surrounding towns, with priority for those with limited access to health resources.

As guiding principles, the Holt Fund:

- Awards grants on a competitive basis to nonprofit 501(c)3 public charities as defined by the Internal Revenue Service Code
- Makes grant decisions based upon the needs of the communities, recognizing that needs evolve over time
- Focuses its resources on programs and organizations that will have a positive and lasting impact on the largest number of people

## PROGRAM OVERVIEW

For the purpose of the Holt Fund, the term “medical needs” encompasses a broad range of activities including but not limited to: the social determinants of health (i.e., housing, education, food access, etc.); the provision of chronic, acute and long-term care services; diagnostic screening; emergency medical services; community-based prevention and health promotion activities; treatment; and health education efforts.

The Holt Fund makes grants on an annual basis to support programs and organizations that: seek to address health inequities within the Holt service area; improve access to care, particularly for vulnerable populations; and focus on prevention, health education, intervention, treatment, evaluation, and a personalized approach to care. In addition, the Holt Fund supports grants to build the organizational capacity of individual organizations or partnerships that provide health and medical services within the Holt catchment area.

The Holt Fund will consider applications from nonprofit organizations that are located in, or provide the majority of the services for which they are seeking support, to individuals in one or more towns in the catchment area. Applicants may include community-based organizations, healthcare providers, local governments, school systems, faith communities, and other nonprofit 501(c)3 public charities.

For the program year 2021-2022 the Fund will make grants in two categories:

**Small Grants** – Applicants may apply for single-year grants of up to \$15,000 for discrete projects or programmatic expenses. Applicants must complete the parts of the online application required for small grants.

**Large Grants** – Applicants may apply for single- or multi-year requests (up to three years) of over \$15,000 for program or project support, operating expenses (for organizations with annual budgets less than \$1 million), or capital support.

Information regarding prior successful applications, including grant size, may be accessed here

<https://hria.org/projects/fanny-holt-ames-edna-louise-holt-fund>.

Applicants may submit one application per funding cycle. Exceptions may be made for organizations acting in the role of fiscal agent. Please contact the Holt Fund for more details.

In addition to the above, standard grantmaking process, the Holt Fund is accepting proposals for projects related to housing as a social determinant of health. Please refer to our website for more information or contact [holt@hria.org](mailto:holt@hria.org).

## USE OF GRANT FUNDS

As a condition for accepting grant monies, grantees must provide annual programmatic and financial reports detailing the use of the funds and documenting the impact achieved by their use; participate in a site visit at the request of the Trustee; and participate in periodic meetings of grantees. Receipt of second- and third-year funding for multi-year grants will be dependent on the submission of annual programmatic and financial reports. Report outlines may be found at: <https://hria.org/projects/fanny-holt-ames-edna-louise-holt-fund/>

Funds may not be used to build endowments, fund operating deficits, or initiate or influence legislation. Requests greater than 25% of an organization's operating budget will typically not be considered. No grants will be made to individuals.

## SELECTION CRITERIA

Applications to the Fanny Holt Ames and Edna Louise Holt Fund will be reviewed based on the following criteria for all grant categories:

- Adherence to the mission of the Holt Fund
- Significance of need
- Demonstration of how approach addresses health inequities for population(s) served
- Evidence that approach is feasible and appropriate to the proposal's aims
- Ability of applicant to measure impact of grant funds on proposed need
- Evidence that the outcomes are well-conceived, realistic and measurable
- Ability of applicant to demonstrate sufficient experience and capacity to conduct program/project
- Use of collaborative approach(es) where appropriate

In addition, Large Grant requests will also be reviewed on the following criteria:

- Likelihood that the proposed program/project will have a lasting impact on the need
- Ability of the applicant to sustain the program/project once Holt funding ends

## GEOGRAPHIC CATCHMENT AREA

The Holt Fund's objective is to meet the medical needs of Grafton, Vermont and surrounding towns, including:

- |               |               |
|---------------|---------------|
| • Andover     | • Rockingham  |
| • Athens      | • Springfield |
| • Brookline   | • Townshend   |
| • Chester     | • Westminster |
| • Grafton     | • Weston      |
| • Jamaica     | • Windham     |
| • Londonderry |               |

## APPLICATION PROCESS

ALL applications must be submitted online using the following links:

Begin a **NEW** application:

[https://www.grantrequest.com/SID\\_2364?SA=SNA&FID=35270](https://www.grantrequest.com/SID_2364?SA=SNA&FID=35270)

Go to your Account Page to return to a **SAVED** application:

[https://www.GrantRequest.com/SID\\_2364?SA=AM](https://www.GrantRequest.com/SID_2364?SA=AM)

Applications will be acknowledged via email within a week of receipt.

To apply for a grant from the Holt Fund, applicants must submit an online application including the following:

### Organization Information

- **Tax Identification Number:** Applicants must enter the tax identification number of the nonprofit institution or organization that is overseeing the project or the fiscal sponsor of the project.
- **Organization to Lead Proposed Project:** If different from organization overseeing project.
- **Organization CEO Contact Information:** Complete requested fields for contact information for organization's CEO, or equivalent.
- **Mission of Organization:** State the mission of organization overseeing the project or the fiscal sponsor of the project. (100 word limit)
- **Organization's Operating Deficit:** If this organization experienced a deficit in either of the past two years, state the amount and provide an explanation, including whether it was a planned deficit. (200 word limit)

### Program Information

- **Program Primary Contact Information:** Complete requested fields for contact information for program's primary contact.
- **Mission of Organization to Lead Proposed Project:** If different from organization overseeing project. (100 word limit)

### Proposal Information

- **Title of Program/Project**
- **Type of Support Requested:** Select the type of support requested (small or large grant)
- **Brief Program/Project Description:** Provide a brief description of the proposed program or project. (150 word limit)
- **Target Population:** Describe the demographics of the population you serve, including any health inequities they experience. (100 word limit)
- **Health Issue Area:** Select the health area(s) that applies to the proposed program/project.
- **Geographic Area Focus:** Select the communities served by the proposed program/project.
- **Estimated Number of Individuals in Target Population to be Served by this Program/Project:**
  - Number of Individuals to be Served who Live IN the Holt Catchment Area
  - Number of Individuals to be Served who Live OUTSIDE of the Holt Catchment Area
- **History and Experience:** Provide a brief summary of the lead organization's history and experience in providing community-based programs. (200 word limit)
- **Purpose:** Describe the health need(s) being addressed and your organization's unique role in meeting the need(s), including anything that would distinguish your organization from others providing similar services in the communities you serve. (200 word limit)
- **Activities and Timeline:** Describe the request's activities providing detailed information about how it will address the stated need, who the collaborators are (if any), and the intended impact. Include a timeline of these activities and specific goals and expected outcomes/success indicators. (600 word limit)
- **Evaluation:** Describe how you will measure the impact of this work and monitor success for the project. (300 word limit)
- **Sustainability:** Describe the overall sustainability plan for your organization and/or your project/program in terms of staffing and finances. How would the proposed activities and/or your organization be affected if you do not receive the requested funding? (300 word limit) (Not required for small grant applications. If applying for small grant, please insert "small grant" in response area.)
- **Total Project Budget Year 1**
- **Amount Requested from Holt Year 1**
- **Total Project Budget Year 2 (not applicable for small grant)**
- **Amount Requested from Holt Year 2 (not applicable for small grant)**
- **Total Project Budget Year 3 (not applicable for small grant)**
- **Amount Requested from Holt Year 3 (not applicable for small grant)**

### Attachments

- **Proposal Attachments (Document Upload):** The documents and forms listed below must be combined and converted into ONE PDF file for upload. The document should be named "Org Acronym. Abbreviated Program Title.2020." Include items in the following order:
  - Budget Forms – Forms must be completed for the project budget unless the application is for general operations, in which case only the organizational budget is required. Note: requests greater than 25% of an organization's operating budget will typically not be considered.
  - Do not include any unrequested attachments.
- **Organizational Attachments (Document Upload):** The documents and forms listed below must be

combined and converted into ONE PDF file for upload. The document should be named “Org Acronym.2020.” Include items in the following order:

- Current Board of Directors List with names, towns of residence, and affiliation(s) with other nonprofit boards
- Most recent annual audit. If your organization is not required to have an independent audit, provide a copy of your most recent 990
- Board-approved organizational budget for the current fiscal year

## TIMELINE

**January 2021 – February 2021**

Staff available to respond to requests from local providers for information about the Holt Fund and its application process, via phone and email

**March 1, 2021, 2:00 PM**

Deadline for completed applications

**March 2021**

Distribution Review Committee’s initial review of applications

**April 2021**

If applicable, Committee will send questions to applicants based on initial review of applications

**May 2021**

Committee’s final review of applications

**Late May 2021**

Committee’s recommendations forwarded to U.S. Trust, Philanthropic Solutions, Bank of America – Holt Fund Trustee

**By June 15, 2021**

Notification of funding decisions for all applications

## ONLINE APPLICATION TIPS

Please read guidelines above before beginning online application

### NEW USERS

- If your organization has never submitted an online application, please use the following instructions.
- Use this link: [https://www.grantrequest.com/SID\\_2364?SA=SNA&FID=35270](https://www.grantrequest.com/SID_2364?SA=SNA&FID=35270)
- Select "Create an Account"



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*Advancing Public Health and Medical Research*

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**Please Sign In**

Welcome to Health Resources In Action's online portal for application and report submission.

**NEW Users:** Click the "Create an Account" link below to get started. We recommend creating your account with a general email inbox.

**RETURNING Users:** If you have an account, enter your email address and password to login. If needed, click the "Forgot Password" link below to reset your password.

Create a new account. Only use ONE account per organization.

E-mail

[Create an Account](#)

Password

[Forgot Password?](#)

- Follow the link to create an account for your organization
- Your new account has been created
- You will now be brought to the application page

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**Tax ID Number:** Applications must be submitted from 50(c)(3) or 509(a)(3) Type 1 or 2 organizations. If you are applying with a fiscal sponsor, enter the fiscal sponsor's Tax ID. The Tax ID Number is also known as:

- Employer ID Number
- Federal ID Number
- Tax Exempt Number
- TIN

To return to a SAVED application, go to your [ACCOUNT PAGE](#).

To start a NEW application, enter your Sponsoring Organization's Tax ID (formatted as nine digits, numbers only):

Enter your Sponsoring Organization Tax ID to begin the application

- To start and stop application, select “Save & Finish Later” at the bottom of each section

\* **Organization Name**  
If you are applying with a fiscal sponsor, enter the name of that organization.

\* **Street Address**

\* **City**      \* **State**      \* **Zip Code**      **Country**  
 - Select One -      United States

\* **Phone (numbers only)**      **Extension (numbers only)**  
 Example: 8025555555      Example: 1234

\* **E-mail**

\* **Mission of Organization**  
 State the mission of organization overseeing the project or the fiscal sponsor of the project. (100 word limit)

To save progress use this option

Save & Finish Later      Save & Continue

- To submit an application, you must select “Submit”

\* **Grant Length (in whole months)**  
 Enter 12, if you are requesting one year of funding OR a small grant, 24 for two years, or 36 for three years.

12

\* **Certification**  
 I have read the Application Guidelines. I certify that the submitted information is true and complete to the best of my knowledge. Please Initial below. (Example: Jane Smith will type JS)

el

**Attachments**

**Uploaded Files**

Title	File Name	Uploaded	Size
	<a href="#">HRIA, Holt Program.2019.pdf</a>	2/28/20	286 KB
Total size of uploaded files			286 KB
Available			50,914 KB

Save & Finish Later      **Submit**

We will only review complete and submitted applications

**RETURNING USERS**

- If you or someone in your organization has submitted an **online** application in the past, please use the following instructions
- Use this link to begin an application: [https://www.grantrequest.com/SID\\_2364?SA=SNA&FID=35270](https://www.grantrequest.com/SID_2364?SA=SNA&FID=35270)



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 If needed, click the "Forgot Password" link below to reset your password.

Enter your login information

[Create an Account](#)
[Forgot Password?](#)

- If you have forgotten your password: follow the “Forgot Password?” link
- If you have forgotten the email address you used to sign up, contact Emily Lawson, [elawson@hria.org](mailto:elawson@hria.org) for assistance
- To access your account page use this link to access a SAVED application: [https://www.grantrequest.com/SID\\_2364?SA=AM](https://www.grantrequest.com/SID_2364?SA=AM)
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\* Organization Name  
If you are applying with a fiscal sponsor, enter the name of that organization.

\* Street Address

\* City      \* State      \* Zip Code      Country  
   - Select One -      United States

\* Phone (numbers only)      Extension (numbers only)  
Example: 8025555555      Example: 1234

\* E-mail

\* Mission of Organization  
State the mission of organization overseeing the project or the fiscal sponsor of the project. (100 word limit)

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