

Community Health Investment Fund – Emerging Need Application

Announcement 10/17/25: Accepting Applications for Fiscal Year 2026 Funding

Application Deadline: Applications are accepted on a rolling basis and reviewed monthly

Application Link: [Emerging Need Application](#)

Fund Overview

University of Vermont Medical Center's Community Health Investment Fund (CHIF) currently invests over \$1 million annually in programs and initiatives through a competitive grant process. Investments help address the top health priorities identified in the triannual Community Health Needs Assessment (CHNA). The fund was established in its current form following a generous endowment from the Vermont Health Foundation in 2011.

The Fund is overseen by UVM Medical Center's Community Health Investment Committee (CHIC). The 15-member committee includes seven community members appointed by the Vermont Health Foundation (VHF) and eight UVM Health-affiliated staff. The UVM Health Office of Culture, Experience and Community Health manages the day-to-day operations of the fund and supports community members in the application, reporting and grant award process.

Funding Eligibility

- Applicants for funding must be federally recognized nonprofit or government organizations; fiscal sponsors allowed.
- Projects must primarily support community members living in the UVM Medical Center's primary health service area of Chittenden and/or Grand Isle counties.
- Project must align with one or more of the 2025 top community health priorities:
 - **Building Community Connectedness:** Events, activities and spaces for interpersonal connections
 - **Engaging on Mental Health:** Youth and adult mental health including Substance Use Disorder
 - **Increasing Healthcare Access:** Wait times, specialists, hours of operation, health services locations
- Additional areas of assessment as part of our competitive process include:
 - Support and inclusion of populations most impacted by health disparities
 - Projects with clear goal(s) and measurable impact
 - Inclusion of goals toward financial sustainability
 - Projects that utilize collaboration
 - Projects that reference evidence-based or notable successful models, or demonstrate unique, innovative ways to address community needs
 - Prioritization of diversity, equity and inclusion efforts
 - Demonstration of an organization's mission alignment with project parameters

Learn more about this opportunity at an upcoming listening session:

- Friday, October 31st at 8am: [Meeting Link](#)
- Monday, November 24th at 12pm: [Meeting Link](#)
- Wednesday, December 3rd at 3:30pm: [Meeting Link](#)

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Grant Type

Emerging Need Grant (Now Available)
<ul style="list-style-type: none"> • Typical request \$5,000-\$25,000 (no minimum or maximum). Requests reviewed monthly. • Intended for one-time investments of projects or initiatives • For projects that don't fit the typical description or parameters of a program • Often used for either start-up or emergency bridge funding • Often have a sense of urgency to address unpredictable or unforeseen needs • Often have a potential for significant impact and most appropriate when existing resources are insufficient

What we typically fund:

- One-time purchases of equipment or supplies to support programs meeting basic, essential needs
- Pilot projects that address unique needs of populations that experience higher levels of health disparities
- Requests for gap funding with clear indications for continued funding from another source
- Programmatic events that offer opportunities for prevention and early intervention

What we typically do not fund:

- Requests outside our health service area (Chittenden and Grand Isle counties)
- Capital campaigns or capital improvements
- Requests for basic, ongoing facility maintenance
- Pilot projects as the sole funder – pilot projects submitted should have multiple revenue sources
- Staffing positions without clear, sustainable funding plans
- Fiscal budget shortfalls

Emerging Need applications will be reviewed on a rolling basis until funds are exhausted. Applicants may be contacted for additional information before review and funding decisions are made. Requests should be submitted no later than the 15th of each month for the following month's committee review. Regardless of submission date, application review timing cannot always be guaranteed. We will do our best to review your application as soon as possible. Directions for applying are found later in this document.

Grant Types not available for application until fiscal year 2029 (fall 2028) – Application deadline was 9/26/2025.

Program Grants	Collective Impact - Planning Grant	Collective Impact - Implementation Grant
<ul style="list-style-type: none"> • Minimum request of \$10,000 • Maximum request of \$60,000 • Supports projects or programs within an organization • Initiatives are often ongoing and delivered weekly, monthly or seasonal • Often used for fully imagined pilot projects or scaling up existing successful initiatives • Optional multi-year, contingent on committee review 	<ul style="list-style-type: none"> • Maximum request of \$40,000 • One year of funding with the option to apply for Collective Impact Implementation Grant • Often used to understand systems, bring community partners together, and assess areas of need • Intent must be to address systems level change • Education and understanding of Collective Impact Model required 	<ul style="list-style-type: none"> • Maximum request of \$100,000 • Funding match of 50% required (in-kind, cash, or combination) • Often used to implement large systems level changes, develop new systems, develop policy • Budget needs to include a portion towards data collection and impact measures • Optional multi-year, renewable up to three years contingent on committee evaluation

Sample Application

Area of Assessment	Question / Response option
General	<p>Applicants must be federally recognized non-profit organizations. Additionally, funding requests must primarily support community members living in Chittenden and/or Grand Isle counties. Does your project meet these requirements?</p> <p>Yes; No</p>
General	<p>Has this project received funding from the Community Health Investment Fund at any point in the past? (Formerly or currently funded organizations may apply for funding.)</p> <p>Yes; No; Unsure</p>
General (Optional)	<p>If applicable, does your organization have ongoing partnerships with any part of the UVM Medical Center, UVM Health Network or UVM's health-related colleges? Please include connections beyond this funding request.</p> <p>Text area</p>
General	<p>Organizational Name</p> <p>Text Box</p>
General	<p>Organization Mission Statement</p> <p>Text Area</p>
General	<p>Organizational Website</p> <p>Text Box</p>
General	<p>Organizational Contact Completing Form</p> <p>Text Box</p>
General	<p>Contact Email</p> <p>Text Box</p>
General	<p>Emerging Need Grants allow our committee to provide quick, low barrier support in unique situations. Please select the unique situation(s) that are applicable to your application. Select all that apply.</p> <p>Checkbox:</p> <ul style="list-style-type: none"> • Urgency: The need requires prompt intervention to prevent further harm or deterioration of the situation. Delayed action could result in significant negative consequences for the community. • Unpredictability: The need arises from unforeseen events such as natural disasters, economic downturns, public health crises, or sudden demographic changes. These events are typically outside the control of the community and require rapid response. • Impact: The need affects a significant portion of the community, particularly vulnerable or marginalized groups. The broader the impact, the more critical it is to address the need swiftly. • Resource Gap: Existing resources and services are insufficient to meet the new demand. This gap necessitates the development of new initiatives or the expansion of current programs to address the emerging need effectively. Note, general budget gaps do not qualify as critical need. • Other
General	<p>The Committee prioritizes one-time investments. If applicable, please select the type of investment that best matches your request below. Select all that apply.</p> <p>Checkbox:</p> <ul style="list-style-type: none"> • One-time purchases of equipment or supplies to support programs meeting basic, essential needs • Pilot projects that address unique needs of populations that experience higher levels of health disparities • Requests for gap funding with clear indications for continued funding from another source • Programmatic events that offer opportunities for prevention and early intervention • Other
General	<p>Name of Project of initiative</p> <p>Text Box</p>

CHNA Alignment	<p>Project Summary: Please provide a description of your project. Your description should include:</p> <ul style="list-style-type: none"> • The problem or need to be addressed • A clear description of activities and scope of work • Population(s) served (location, demographics) • Desired or intended outcome(s) • Why an Emerging Need grant is a good fit for your project. Reference questions above. <p>Text Area</p>
SDoH Alignment (Network)	<p>Please select the social determinants of health domain(s) your project addresses. Select all that apply. For a more detailed description of each domain, please reference the Healthy People 2030 descriptions here: https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health</p> <p>Checkbox:</p> <p>Economic Stability</p> <p>Education Access and Quality</p> <p>Health Care access and Quality</p> <p>Neighborhood and Built Environment</p> <p>Social and Community Context</p>
CHNA Alignment	<p>Health Priority Area: Please select the local top Health Priority Area(s) your project will address. Select all that apply.</p> <p>Checkbox:</p> <p>Building Community Connectedness: Events, Activities and Spaces for Interpersonal connections</p> <p>Engaging on Mental Health: Youth and Adult Mental Health including Substance Use Disorder</p> <p>Increasing Healthcare Access: Wait Times, Specialists, Hours of Operation, Health Services Locations</p>
CHNA Alignment (optional)	<p>Health Priority Area: If applicable, please select any additional local health priority areas your project will address. Select all that apply.</p> <p>Checkbox:</p> <p>Addressing Cultural Humility and Inclusive Health Care: Educating communities and providers to be more accepting of differences</p> <p>Improving Community Safety: Crime, Bullying and Safe Neighborhoods</p> <p>Tackling Cost of Living: The Rising Costs of Housing, Food, Childcare & Transportation</p>
CHNA Alignment (optional)	<p>The UVM Medical Center recognizes that community programs are often open to all, regardless of identity. We understand that some programs have eligibility requirements, i.e. age or disability status for Meals on Wheels. We seek to better understand our investments to ensure we are investing in populations experiencing the highest levels of health disparities as defined by our Community Health Needs Assessments.</p> <p>Please select the Population(s) of Focus below only if:</p> <p>A. 25% or more of the people served by this project hold that identity or</p> <p>B. The project is intentionally designed for a particular identity and expected involvement will meet or exceed 25%</p> <p>Select all that apply.</p> <p>(Checkbox)</p> <p>Black, Indigenous, and People of Color</p> <p>People who are non-binary, genderqueer, fluid, and transgender</p> <p>People with language access needs</p> <p>People with disabilities</p> <p>People who are LGBTQ+</p> <p>Older adults over 65 years of age</p> <p>Refugees and newly immigrated individuals</p> <p>People experiencing poverty or lower socio-economic status</p> <p>Youth</p> <p>Other</p>

CHNA Alignment (Optional)	<p>Population(s) of Focus: The committee understands that not all organizations collect demographic or identity data on the people they serve. The committee also recognizes that this data can be difficult to collect and can create barriers to access. If applicable, please elaborate on the Populations of Focus selections made above and/or share any relevant qualitative or quantitative data on populations served in the text box below.</p> <p>Text Area</p>
Project Budget, Funding aligned with scope of work	<p>Funding Amount Requested: Please indicate the amount of funding requested. Although there is no funding minimum or maximum, Emerging Need grants typically range from \$5,000 to \$25,000.</p> <p>Currency</p>
Project Budget, Funding aligned with scope of work	<p>Budget: How will funds be used? Please provide a breakdown of your budget.</p> <p>Budget Guidance:</p> <ul style="list-style-type: none"> - Budget details should include all revenue and expenses for the project or program - Could parts of this project happen with partial funding? If so, which parts? <p>Text Area</p>
Project Budget	<p>Emerging Need requests should be treated as a last resort. Have you explored other funding source(s) or partnership(s) to address this need?</p> <ul style="list-style-type: none"> • Please list any unsuccessful funding or partnership requests. • Include any pending requests. • If applicable, what feedback have you received as to why others have not or could not fund your request? <p>Text Area</p>
Data Collection, Impact, Success and Sustainability	<p>How many people do you estimate serving by your project?</p> <p>Integer</p>
Data Collection, Impact, Success and Sustainability	<p>How will you measure the impact of your project? What outcomes define success for this project? Consider including the following:</p> <ul style="list-style-type: none"> - Process for data collection - Any anticipated indirect benefits or outcomes of your project. - The Results Based Accountability framework: <ul style="list-style-type: none"> ○ How much did we do? ○ How well did we do it? ○ Is anyone better off? <p>Text Area</p>
Collaboration (Optional)	<p>Please list any collaborators that are relevant to your request.</p>
Commitment to Equity, Organization Equity	<p>The Committee seeks partners who are making progress toward being more inclusive. We know that health equity is impossible without listening to and learning from people who face greater health disparities*—like those stemming from racism, poverty, sexual and gender identity, disability, or housing status.</p> <p>Please describe how your organization integrates health equity and inclusive practices in your work—like in your leadership, staff, volunteers, and the people you serve. How will your project help reduce health disparities* in our community, lift up the voices of people with lived experience, and include those who often face unfair barriers to getting the help they need? Applicants may reference the DEI Organizational Evolution chart to better describe their work.</p> <p>Text Area</p>

Sample Budget (for reference)*

Revenue Source(s)	Amount	Notes (secured, in process)
UVMMC CHIF Grant		In process
Operational budget		
Sliding fee		Estimated
Organizational in-kind		.25 FTE, Space
TOTAL REVENUE		

Expenses	Amount	Notes (description/calculation)
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Advertising/Marketing		
Education/Training		
Contractual Needs		
Other		
Indirect Costs		
TOTAL EXPENSES		

*Budgets submitted should include all revenue and expenses for the project or program.