

# Episcopal Presbyterian Health Trust

## Grantmaking in 2025

### Overview

EPHT is committed to centering access to health care by addressing barriers, navigating systems of care, and supporting person-centric medical services. The majority of EPHT awards will be one-year grants, with a limited number of multi-year grants (up to 3 years). Requests for one-year or multi-year funding may be considered for up to \$25,000 annually.

Due to the volume of requests, organizations may only submit one Stage One Application (LOI) per year through the St. Louis Community Foundation grants portal. Detailed instructions can be found below.

### Geographic Focus

EPHT prioritizes organizations and approaches to care that address barriers and result in improved health for people living in or near a geographic area of 25 zip codes in St. Louis City, St Louis County, and the East Metro ([view map here](#)). Organizations seeking funding must demonstrate a strong connection to the geographic focus area, such as: being based in one of these zip codes; providing services in one or more of these zip codes; demonstrating targeted strategies and/or partnerships that reduce barriers to care for people living in these zip codes.

### Funding Priorities

EPHT accepts Stage One Applications (LOIs) for program/project funding or general operating support in alignment with the following priority areas:

#### **Priority 1: Access to Health Care (Cycle 1 and 2)**

To center access to care in its grantmaking, EPHT will consider proposals aligned with the following funded approaches:

- **Primary Care that Addresses Barriers:** Access to primary care can help communities improve wellbeing and reduce reliance on emergency care. Primary care may help ensure timely detection of and intervention for health issues and include preventive measures like screenings, routine care, and health literacy. EPHT is interested in proposals that demonstrate the ability to: establish and/or sustain continuity of care relationships, effectively coordinate healthcare services, and increase responsiveness and availability of care for populations with little to no access to health services and/or high dependence on emergency resources.

EPHT will consider requests for affordable, community-based models of primary care delivery that leverage trusted spaces, expand hours of care, or otherwise address barriers of location, transportation, trust, and cost for communities experiencing health disparities. Integrated care models will also be considered. Funding may support the co-location of health services with other agencies or resource hubs; mobile or clinic-based care in priority zip codes; school-based health clinics; and/or services offered at non-traditional hours of care. Virtual care models should address relevant barriers (e.g. access to devices, networks, affordability).

- **Navigating Systems of Care:** EPHT will consider requests to support strategic care team roles such as community health workers, case managers, and other healthcare navigators who help individuals and families navigate to and through systems of care. Supported services include the following: Medicaid and insurance enrollment and re-enrollment; help identifying and using covered providers, safety net providers, and other low-cost health resources; scheduling & keeping appointments; other care coordination, including addressing individual barriers to successful follow-up care. Limited financial support may be available for transportation services.
- **Regional Access Issues: Infant & Maternal Health - (Cycle 2 only):** On an annual, rotating basis, EPHT will consider requests that sustain or expand access to care for the following areas:

<b>2025</b>	Infant & Maternal Health
<b>2026</b>	Health care needs related to community violence
<b>2027</b>	Dental Care

Requests for funding in these areas will need to demonstrate how the organization, program, or project is addressing barriers to care for underserved communities in EPHT priority zip codes. Future focus areas are subject to change.

### Priority 2: Chronic Disease (Cycle 1 and 2)

In recognition that the funded approaches outlined above can help improve early detection and management of chronic disease, EPHT will consider requests that seek to reduce health disparities through screening, follow-up care, and/or management for the following conditions: diabetes, heart disease, asthma, sexually transmitted diseases, and sickle cell disease.

Strong proposals will demonstrate strategies to address barriers to care for underserved communities in EPHT priority zip codes. Awards may include limited funding for healthy food programming that is part of an integrated approach with other health services.

### Priority 3: Access to Mental and Behavioral Health Care

***\*The 2025 EPHT Mental Health grantmaking process will be announced in Quarter 2\****

EPHT supports mental health services for youth with high incidence or risk of trauma, including prevention and intervention for self-harm and suicidal ideation; and mental health and behavioral health services that reduce overdose deaths (no age restriction).

### Special projects

EPHT may consider funding for collaborative or special projects addressing critical healthcare needs, such as expanding a segment of the healthcare workforce to improve access to services and/or increase representation amongst providers and care teams; addressing ongoing effects of the pandemic; and/or responding to an emerging health crisis. Please contact the St. Louis Community Foundation team at [grants@stlgives.org](mailto:grants@stlgives.org) with inquiries.

## Timeline

In 2025 EPHT will operate two funding cycles. **Eligibility varies by cycle.** Please carefully review the tables below to determine which grant cycle and timeline applies to your request.

Following review of Stage One Applications, a limited number of organizations will be invited to submit a full application. Due to the volume of requests, organizations may submit **one** LOI per calendar year.

### **Access to Care (Primary & Navigation); and Chronic Disease Proposals**

Activity	Cycle 1 Timeframe	Cycle 2 Timeframe
Stage One Applications (LOI)	Jan 6 – Mar 3 (3pm)	Jul 14 – Sept 5 (3pm)
Selected Organizations Invited to Stage Two	Mid-April	Late-September
Stage Two Application Deadline	April 30	October 24
Awards Announced	June	November

### **2025 Regional Access Focus: Infant & Maternal Health**

Activity	Cycle 1 Timeframe	Cycle 2 Timeframe
Stage One Applications (LOI)	NA	Jul 14 – Sept 5 (3pm)
Selected Organizations Invited to Stage Two	NA	Late-September
Stage Two Application Deadline	NA	October 24
Awards Announced	NA	November

## Stage One Application Instructions

Proposals can be submitted through the St. Louis Community Foundation grant application portal:

- <https://www.grantinterface.com/Home/Logon?urlkey=stlgives>

For more detailed instructions on accessing and completing the online application:

- <http://www.epht.org/wp-content/uploads/2022/12/Grants-Portal-Instructions-PDF.pdf>

## Stage One Application Questions

Applicants will be required to complete the following questions to be considered in Stage One

### **Organization Overview**

1. **Organization Mission** – Provide the mission or purpose statement of your organization. Please do not include any other information.
2. **Organization Background** – Help us get to know your organization. What are some of your goals or guiding principles? What makes your organization (your leadership, history, approach, etc.) well suited for your mission? Feel free to share an accomplishment or success story. (1,500 characters)

3. **Experience Addressing Health Disparities** – EPHT seeks to center access to health care to help reduce health disparities by race and ethnicity, geography, and income.
  - a. What experience, strengths, or challenges does your organization have in addressing health disparities? What experience, strengths, or challenges does your organization have in building or sustaining trust with the people you serve?
  - b. Please share any ways the people impacted by your work contribute to its design, implementation, and/or evaluation. (1,800 characters)

4. **Executive Leadership** – Which of the following does your organization’s Board Chair or Board President identify with? Please select all that apply.

Asian/Asian American	Black/African American
Hispanic/Latino/Latina/Latinx	Middle Eastern/N. African
Native American/American Indian/Alaska Native/Indigenous	Native Hawaiian/Pacific Islander
White/Caucasian/European	Multi-Racial/Multi-Ethnic
Decline to State	Identify with another race or ethnicity

5. **Board Leadership** - Which of the following does your organization’s Board Chair or Board President identify with? Please select all that apply.

Asian/Asian American	Black/African American
Hispanic/Latino/Latina/Latinx	Middle Eastern/N. African
Native American/American Indian/Alaska Native/Indigenous	Native Hawaiian/Pacific Islander
White/Caucasian/European	Multi-Racial/Multi-Ethnic
Decline to State	Identify with another race or ethnicity

6. **Total Annual Budget for Current Fiscal Year** – Note: If your program is a division or initiative of a university, health system, national organization, or other large institution, please provide a budget for that division.
7. **Doing Business As** – Does your organization do business under another name or DBA
  - a. Yes – if yes you will be required to provide your dba
  - b. No
8. **Fiscal Sponsorship** – Is your project or organization under the fiscal sponsorship of another nonprofit organization?
  - a. Yes – if yes you will be required to provide the name, and contact information for your fiscal sponsorship
  - b. No
9. **Agreement** – I have reviewed my organization’s address and contact information and can confirm they are accurate as of the date entered below – Enter Date

## Request Details

10. **Project Name** – Provide a brief name summarizing your request
11. **Priority Area** – Please indicate the priority area(s) you are applying for.
  - a. Access to health care
  - b. Chronic Disease
  - c. Other

12. **Funding Type** – Please indicate the type of funding you are requesting
  - a. General Operating Supporting
  - b. Support for EXISTING program/project
  - c. Support for NEW program/project
  - d. Other
13. **Amount Requested by Year**
  - a. Year 1 Requested Amount
  - b. Year 2 Requested Amount – leave blank if not requesting multiyear support
  - c. Year 3 Requested Amount - leave blank if not requesting multiyear support
14. **Total Amount Requested** - Enter the total amount you are seeking from EPHT by adding up your requests for Year 1, Year 2, and Year 3. If you are only seeking one year of support, your Year 1 Requested Amount should equal your Total Amount Requested.
15. **Estimated Program/Project Budget** – Please enter the cost of operating your program or project for one year. If seeking general operating support, you may re-enter your annual operating budget. Applicants moved to the Stage 2 application will be given an opportunity to update this projected budget.
16. **Community Context** - Please help us understand who your work will impact. What are their health needs and opportunities in relation to the priority area(s) you selected? (1,500 characters)
17. **Access to Care** - For the people you described above, what will funding make possible for their health and care? How will you address barriers they are experiencing (such as affordability, trust, location, racial barriers, language barriers, etc)? (2,000 characters)
18. **Request Description** - Describe the program/project you are seeking funding for. Please note **existing or new** personnel roles that will be involved (such as licensed providers, nurses, community health workers, peer support, etc).
  - a. If you are applying for general operating support, explain how your organization’s core activities relate to EPHT’s purpose.
  - b. If you are applying as a collaborative partnership, please explain the role of each partner. (3,500 characters)
19. **Care Team Detail** - Please describe the staff and/or volunteers who will implement the above grant activities. What will they bring to this work?
  - a. If you are seeking funding for new staff, please indicate whether you have identified a candidate(s) and how you plan to sustain their role.
  - b. Please describe how you plan to sustain the success of the care team involved in this request (training, professional development, program model, etc). (1,500 characters)
20. **Network** - If not already addressed, what other community organizations, partners, or services will be key to the success of your proposal? (600 characters)
21. **Geography** - What is your proposal's connection to EPHT’s priority zip codes ([view map](#))? How will your physical location(s), partnerships, and/or services impact health care for the people who live or spend time in these zip codes? (1,500 characters)

22. **Priority Zip Codes** – From the following list, please check all that apply.

62201	62203	62204	63101	63102
63103	63104	63106	63107	63112
63113	63114	63115	63118	63120
63121	63133	63134	63135	63136
63137	63138	63140	63147	63155
Other: Please specify				

23. **Other Geography** - Use this space to list other zip codes your work will impact if relevant to your request. (500 characters)

24. **Budget Explanation** - Please explain your uploaded budget so that someone unfamiliar with your organization could understand how grant dollars will be used. If you are requesting funding for salaries, make it clear whether funds will support **existing** or **new** staff positions. (2,000 characters)

### Required Uploads

- a. **Organizational Budget** – Upload your most recent board-approved organizational budget
- b. **Project/Program Budget** – FOR PROJECT/PROGRAM REQUESTS ONLY – Provide a program/project budget