

# Episcopal Presbyterian Health Trust

## Grantmaking in 2026

### 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. Due to the volume of requests, organizations may only submit one Stage One Application 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 applications for program/project funding or general operating support in alignment with the following priority areas:

#### **Priority 1: Access to Health Care**

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.

- **Health care needs related to community violence:** On an annual, rotating basis, EPHT will consider requests that sustain or expand access to care for the following areas:

<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**

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 (Integrated Programming Requests Only)**

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).

EPHT is no longer accepting applications for projects or programming exclusively focused on mental health. Proposals for the access to mental and behavioral health care priority must show clear integration with at least one other EPHT giving priority.

## **2026 Funding Cycles**

In 2026, EPHT will operate two funding cycles. Eligibility varies by cycle. Please carefully review the funding criteria and timelines.

### **Open Funding Cycle:**

Organizations operating individual, stand-alone programming in line with the EPHT priorities are invited to apply during the first funding cycle. Individual organizations are eligible for awards up to \$25,000 annually for up to 3 years.

### **Collaborative Funding Cycle:**

Organizations working collaboratively to execute health and mental health programming are invited to apply the collaborative funding cycle. For the purposes of this request for proposals, collaborative will be defined as organizations 1) remitting payment to one another for services, 2) sharing staff, and/or 3) sharing locations. Collaborative funding requests should go beyond standard referral resources.

Collaborative proposals should be submitted by one lead organization and clearly outline the collective efforts and shared expenses.

Collaborative funding has not been capped. Awards will be based on several factors, including but not limited to: the total number of organizations taking part in the collaborative, services provided, and total hours of service. Collaborative funding applicants are eligible for multiyear funding.

Those interested in applying to the collaborative funding cycle are encouraged to contact the St. Louis Community Foundation staff to schedule a conversation prior to submission.

## **Timeline**

### **Open Funding Cycle – Open Call for Organizations Submitting Individual Applications**

<b>Activity</b>	<b>Deadline</b>
Open Funding Cycle Opens	February 24, 2026
Proposals Due	April 3, 2026
Awards Announced and Distributed	Early June 2026

### **Collaborative Funding Cycle**

<b>Activity</b>	<b>Deadline</b>
Collaborative Funding Cycle Opens	February 24, 2026
Proposals Due	July 17, 2026
Awards Announced and Distributed	Early September 2026

## **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:

<https://epht.org/wp-content/uploads/2026/02/EPHT-Application-Instructions-Updated-2026.pdf>

## **Application Questions**

### Eligibility Questions

1. An organization must be a 501c3 nonprofit to apply. Is your organization a 501c3 nonprofit in good standing or does your organization have a fiscal sponsor that is a 501c3 in good standing?
2. Does your proposed project provide access to health care, chronic disease mitigation, access to integrated mental and behavioral health care, or regional access priority (please check all that apply)?
3. If applying for mental health services does your proposed project integrate health care and mental health care services?
4. Does your proposal primarily serve individuals that are uninsured or underinsured?
5. Does your proposed project plan to primarily serve these priority zip code? (list zip codes and map?)

### Project High Level Details

1. Proposal Name (character count 50)
2. Total Amount of Request whole dollars
3. Total Annual Organizational Budget for Current Fiscal Year– Note: If your program is within a division or initiative of a university, health system, national organization, or other large institution, please provide a budget for that division only.
4. Provide the mission or purpose statement for your organization. Please do not include any other information. (Pulled from Candid)
5. # of Patients Impacted
6. Zip codes of service area(s). Please click all that apply.

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

7. What percentage of people served by this program come from zip codes identified in Q6? If NOT applying for GOS, please do not include people from outside those zip codes or from other programs offered at your organization.
8. Is this a proposal for General Operating Support (GOS), Project, or Program funding?
  - a. General Operating Support (GOS)- Unrestrictive funds for overall mission and daily operations
  - b. Project- Funds for a specific, time-limited initiative
  - c. Program funding- Funds for ongoing program activities
9. Is this proposal for existing programming or new programming?
  - a. Support for EXISTING program/project
  - b. Support for a NEW program/project

### Application Questions

10. Is this application in collaboration with more than one organization?
11. **Describe Proposal** - Please describe your proposal, including what actionable steps you will take to implement it and when you expect to take them. Please be sure to include anticipated timelines with as much specificity as possible.
12. **Expected Impact Area**- Please note reporting requirements will be dependent on what is checked. Priority Area – Please indicate the priority area(s) you are applying for.
  - a. Please check all that apply.
    - i. Access to health care
    - ii. Chronic Disease
    - iii. Access to mental and behavioral health
    - iv. Health care needs related to community violence
    - v. Other
13. **Alignment with Priorities** - How does your request align with the priorities and outcomes outlined in the RFP, and why are you well-positioned to meet these objectives?
14. **Experience Addressing Health Disparities** – EPHT seeks to center access to health care to help reduce health disparities.
  - 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)
15. **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. (1,500 characters)
16. **Define Success** - What does success look like and what metrics will you track and why did you choose those metrics?
17. **Scaling** - Do you plan to scale this proposal? (Yes/ No tree question)

- c. If YES, please describe your plans to scale?
- 18. **Impact** - Who do you serve? Please include examples of how participant and/or community voice informs your work.
  - a. Please describe what their health needs are and opportunities in relation to the priority area(s) you selected. (1,500 characters)
- 19. **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? (2,000 characters)
- 20. **Innovation** - EPHT values innovation without duplication. What other stakeholders are doing similar work in the region and how is your proposal different or innovative in comparison?
- 21. **Partnerships and Collaboration** - Briefly describe the partnerships critical to this work, including partners' roles and prior collaborations' success.
- 22. **Letters of Support/ Memorandums of Understanding** - (Optional) LOS/ MOU Required for Collaborative Funding

Financial and Operational Health

- 23. **Multi- Year Request** - Is this a multi- year request? (Yes/ No tree question)
  - a. If YES
    - vi. Year 1 Requested Amount
    - vii. Year 2 Requested Amount – leave blank if not requesting multiyear support
    - viii. Year 3 Requested Amount - leave blank if not requesting multiyear support
- 24. **Budget** – Please provide a budget for this grant funding using the budget template provided (integrated table)
- 25. **Budget Narrative (optional)**- After completing the budget template, please describe each line-item expense listed on the budget. Indicate whether this is a new expense or if funding is being requested to cover a current/existing expense.
  - a. Please also use this section to describe your areas of highest needs or describe your funding realities
- 26. **Budget Modifications** - Would you be willing to take a lesser amount if we are not able to meet your full request? (Yes/ No tree question)
  - a. YES- If you were not awarded the full amount how would this affect your program/project?
- 27. **Audited Financial Upload** - Please attach your most recent audits. If your organization does not have audits to attach, please send your most recent 990s (either Form 990, Form 990-EZ or Form 990-PF), or Form 990-N (e-Postcard) and your prior year's income statement for the full year
- 28. **Doing Business As** – Does your organization do business under another name or DBA (Yes/ No tree question)
  - a. If YES, please provide your organization's legal name
- 29. **Fiscal Sponsorship** - Is your organization fiscally sponsored? (Yes/ No tree question)
  - a. If YES Please specify the name, mailing address, and EIN number of your fiscal sponsor.
  - b. Please attach this year's approved budget for your organization's not your fiscal sponsor's budget.

21. **Authorized Signatories-** Who can sign a grant agreement on behalf of the organization if awarded? Please include name and email address.

- a. EPHT pays via 3<sup>rd</sup> party via bill.com. Please provide the email and contact information for the person who will receive the bill.com to execute payment.

### Collaborative Funding Specific Questions

#### Application

List of collaborative partners	What you do for each of those partners	How much does each partner remit to the parent org for service annually?	Estimated hours of service per Year	Estimated cost per hour of service
Example: Blue Daffodil Foundation	Provide nurse practitioners on site at youth homeless shelter	\$30,000	1,000	

- BUDGET NARRATIVE –

Provide an explanation for the cost per house of service and any administrative fees.

## Scoring

### Alignment with EPHT Priorities and Purpose

Please assign a score of 1 to 6 using the rubric below as a guide.

1-2	3-4	5-6
Little to no alignment with EPHT priorities or purpose	Moderate alignment with EPHT priorities and purpose; application may reflect 'mission drift'	Clear and strong alignment with EPHT priorities and purpose

### Organizational Approach

Please assign a score from 1 to 6 using the rubric below as a guide.

1-2	3-4	5-6
<p>Organization or program purpose, goals, and accomplishments have little connection to promoting low-barrier health care for marginalized communities; may be need for more concrete initiatives or outcomes.</p> <p><i>Little awareness of challenges in building towards cultural competency or equity and/or lack of plans for improvement</i></p> <p>Little demonstration of community voice in programming or evaluation; may lean towards 'top-down' approaches</p> <p>Little demonstration of trust-building; may assume trust with clients or have culture of compliance</p>	<p>Organization purpose, goals, and accomplishments demonstrate moderate understanding of health equity and/or early progress or potential on promoting low-barrier health care for communities with highest disparities</p> <p><i>When citing challenges, demonstrates process for internal improvements around cultural competency, inclusion, or equity</i></p> <p>Demonstrates informal processes for or examples of including client perspective in programming</p> <p>Takes responsibility to build trust and explains strategies for maintaining trust</p>	<p>Organization purpose, goals, and accomplishments demonstrate deep understanding of equity and/or proven results addressing disparities relevant to health outcomes</p> <p><i>When citing challenges, demonstrates tangible internal and/or program changes to improve cultural competency or equitable outcomes</i></p> <p>Demonstrates formal processes, advisory bodies, and/or results of incorporating perspective of community served into operations</p> <p>Demonstrates significant experience building and maintaining trust that promotes client engagement in health resources</p>

## Impact of Program or Services\*

Please assign a score of 1-4 using the rubric below.

1-2	3-4
<p>Program/services utilize some EPHT preferred strategies to address population barriers, but may need additional planning to more comprehensively or effectively reduce additional barriers. (E.g. program may be free, but open extremely limited hours).</p> <p>Goals of the program or services are moderately aligned with EPHT goals – may address EPHT goals, but with lower capacity to add services than other requests, or lower capacity to address disparities for communities most in need of these services.</p> <p>Short-term indicators may be less clear than other applications or show some disconnect between what EPHT is trying to determine (e.g. proposal discusses referrals but does not discuss measures for following up with those it serves).</p> <p>There is some potential to improve access to services and quality of care above the status quo for the target population.</p>	<p>Program/services exemplify EPHT preferred strategies to address barriers to primary care and navigating the healthcare system. Strategies to address barriers demonstrate deep understanding of needs and resources of target population.</p> <p>Goals of the program or services are clearly and strongly aligned with EPHT goals of: providing health care benefits and medical services people did not previously have; Sustaining critical services for those who would not otherwise have access to care; and prioritizing populations experiencing health disparities and/or barriers</p> <p>Short-term indicators are realistic for determining progress towards goals and support high quality and continuity of care services.</p> <p>Ultimately, request will add or improve the quality of medical care services significantly above and beyond what would otherwise be received, and/or have the potential to change care practices beyond the grant.</p>
<p><i>New/pilot programming demonstrates some connection to needs some awareness of how it fits in landscape, though key partnerships may be unidentified. It builds on organization experience/expertise with some gaps in knowledge or implementation.</i></p>	<p><i>New/pilot programming demonstrates strong connection to need and awareness of how it fits in landscape, including roles for identified key partners. Program clearly leverages best practices, organization experience, or expertise to improve likelihood of success.</i></p>

## Quality of Program or Services \*

Please assign a score from 1 to 6 using the rubric below as a guide.

You may reference language around EPHT preferred strategies here [Access to Care](#) and [Chronic Disease](#). Separate guidance for new/pilot programming can be found below the scoring bar.

1-2	3-4	5-6
<p>Proposed program or services lack clear connection to identified needs for population with low access to healthcare. Program plan may be incomplete, addressing issues that are not substantive to health outcomes. There is limited evidence that the program design is informed by evidence-based or promising practices, organizational outcomes, or community or partners.</p> <p>EPHT preferred strategies are minimally included or absent. There is limited evidence of how program implementation meaningfully addresses relevant barriers of the target population, with the effect that services may be ineffective (e.g. poor outreach planning).</p> <p>Overall, more strategic approaches are needed to add effective services and/or improve quality of care enough to justify EPHT support.</p>	<p>The proposed program or services show a logical flow from identified needs for population with low healthcare access. While the program plan adequately addresses immediate issues, there may be gaps in mitigating larger issues – such as inability to improve follow-up care. Program design may include evidence-based practices or draw heavily on past organization achievements.</p> <p>Program/services utilize some EPHT preferred strategies to address population barriers, but may need additional planning to more comprehensively or effectively reduce additional barriers. (E.g. program may be free, but open extremely limited hours).</p> <p>There is some potential to improve access to services and quality of care above the status quo for the target population.</p>	<p>Proposed program/services directly flow from needs for population with low healthcare access, shown by one or more of the following: program plan presents a comprehensive response (addresses immediate issues as well as mitigating some root causes); program has resulted from community feedback, assessment, or agency partner feedback. Program design builds on evidence-based or promising practices, or strong organizational outcomes.</p> <p>Program/services exemplify EPHT <a href="#">preferred strategies</a> to address barriers to primary care and navigating the healthcare system. Strategies to address barriers demonstrate deep understanding of needs and resources of target population.</p> <p>Ultimately, request will add or improve the quality of medical care services significantly above and beyond what would otherwise be received, and/or have the potential to change care practices beyond the grant.</p>

Additional guidance for new/pilot programming:

<b>Additional Guidance (Low Score)</b>	<b>Additional Guidance (Medium Score)</b>	<b>Additional Guidance (High Score)</b>
<i>New/pilot programming lacks connection to identified needs and may lack community buy-in. There is limited awareness of how the program fits into other efforts. Organization may lack experience or understanding in this area.</i>	<i>New/pilot programming demonstrates some connection to needs some awareness of how it fits in landscape, though key partnerships may be unidentified. It builds on organization experience/expertise with some gaps in knowledge or implementation.</i>	<i>New/pilot programming demonstrates strong connection to need and awareness of how it fits in landscape, including roles for identified key partners. Program clearly leverages best practices, organization experience, or expertise to improve likelihood of success.</i>

### Care Team \*

Please assign a score from 1 to 6 using the rubric below as a guide.

<b>1-2</b>	<b>3-4</b>	<b>5-6</b>
<p>The care team may lack skills needed for program plan, including capacity to implement any requested training.</p> <p>Providers may demonstrate little connection to or understanding of community and needs. (Organizations seeking funding for feasible plans to implement improvements to cultural competency may receive a higher score)</p>	<p>Care team has necessary skills and experience for the request’s scope of services. Requests to upskill workers in a particular approach or modality build on existing skills.</p> <p>Providers demonstrate some instances of culturally attentive practices or processes, but additional efforts may be needed to enhance cultural competence across additional aspects of care.</p>	<p>Care team has significant background, expertise, and experience for the requested scope of services. High scores may recognize experience applying skills to similar community context.</p> <p>Providers demonstrate cultural competency by one or more of the following: being representative of community served, speaking the language(s) of community served, or by implementing other specific examples of culturally attuned practices or processes</p>

## Commitment to Community and Geography

1-2	3-4	5-6
<p>Demonstrates low alignment with EPHT footprint by lack of locations appropriate for service delivery within footprint, and/or insufficient means for potential clients to reach services; low to moderate percentage of people served within EPHT footprint.</p> <p>Demonstrates low potential for longer-term commitment to population or geography. Partnerships are not formed, or organization may be overly dependent on other agencies without moving towards equitable partnership. There is low likelihood, based on organization goals or funding, of continuing services for this population beyond EPHT grant.</p>	<p>Demonstrates moderate alignment with EPHT geographic footprint by having some service delivery within footprint and/or by serving a moderate to high percentage of people within the EPHT footprint.</p> <p>Demonstrates moderate potential for longer-term commitment to population and geography. Program or planning reflects moderate likelihood, based on organization goals and/or funding, of continuing services for this population beyond EPHT grant. Organization has made progress on identifying partners and delineating roles to make implementation of services possible.</p>	<p>Demonstrates strong alignment with EPHT geographic footprint by being headquartered or siting service locations in one or more priority zip codes and/or serving a very high percentage of people within one or more EPHT zip codes.</p> <p>Demonstrates strong commitment to population and geography. Program and planning is very likely, based on organization's strategic goals and/or funding, of continuing services for this population and geography in the long-term. Proposal demonstrates clear strategies and key partnerships, with well-defined roles, to enable quality service delivery in priority zip codes.</p>

## Budget Feasibility\*

Please assign a score from 1 to 6 using the rubric below as a guide

1-2	3-4	5-6
<p>The proposed budget raises concerns regarding its feasibility for the outlined scope of work. It may lack the detail, justification of financial need, or realistic allocation of resources required for successful project implementation.</p> <p>The timeline for implementation may present other feasibility concerns. For new staffing requirements, the plan and timeline for hiring may delay key program activities or otherwise impede progress.</p>	<p>The budget appears generally feasible for the scope of work outlined in the grant proposal, though there may be areas of confusion that require additional information (including financial need). There are sources of other support or potential for expanding support identified in the proposal.</p> <p>The timeline for implementation appears feasible with the potential for adjustments refinement if invited to provide additional information. For new staffing, the strategies and timeline for on-boarding seem feasible within timeline of activities, though candidates may not have been identified.</p>	<p>The budget is realistic for the successful implementation of the outlined activities, reflecting a strong financial strategy that supports the project's goals and objectives. This may include the ability to leverage other funding sources.</p> <p>The timeline for implementation is well-thought out, and takes into account present and future capacity. For new staffing requirements, the timeline for hiring is likely to be short, as the candidate(s) has been identified or process is underway.</p>

## Budgetary Need\*

Please assign a score of 0-4 according to the rubric below.

1-2	3-4
<p>The organization may not have adequately explained other sources of support or potential for expanding support. If EPHT funding will fill a significant gap, a score of 1-2 may indicate this program is less likely than other requests to be an area EPHT wants to invest in longer-term.</p> <p>Financial statements indicate the organization will be able to continue stable operations and services; may be in earlier stages of diversifying revenue or other goals.</p> <p><i>A score of "0" indicates major financial concern that could preclude funding (e.g. audit anomalies, prolonged operating deficit, etc).</i></p>	<p>Organization explains how EPHT dollars fit into its funding strategy for the program and services; if EPHT is filling a significant gap, the program has scored high in other categories to merit the investment and potential longer-term commitment.</p> <p>Financial statements indicate the organization will be able to operate this program in the long-term.</p>