***Now Accepting Applications***

***Grant Range: between $15,000 and $45,000***

***Submission Deadline: Monday, July 29, 2024 at 5pm***

Purpose:

The Healthy Entry for Asylee Lives (HEAL) Fund was created through a partnership between the state of New Mexico, local funders, and allied organizations including the New Mexico Foundation, Santa Fe Community Foundation, Con Alma Health Foundation, the Thornburg Foundation, W.K. Kellogg Foundation, Hispanics in Philanthropy, U.S./Mexico Border Philanthropy Partnership, Groundworks New Mexico and New Mexico First. The partners created the fund with the belief that adults, families, and children seeking entry into the United States to flee from persecution and violence in their home countries and other humanitarian circumstances deserve access to trauma-informed and responsive support that allows a successful transition to a safe, healthy, and productive life.

HEAL Fund Grant Focus:

Grants will be awarded to nonprofit, 501(c)(3) organizations in good standing with the IRS that are addressing the needs of asylees or to nonprofits acting as fiscal agents for initiatives serving asylees in New Mexico. To date the HEAL Fund has distributed more than $1 million to a dozen non-profit organizations working on these issues throughout New Mexico.

The types of asylee related non-profit activities that the HEAL Fund supports include, but are not limited to:

* Structural, systemic, organizational capacity and intermediate/longer term efforts may include:
  + Problem-solving and technical assistance related to leveraging FEMA, other federal and state funding;
  + Operational support that may include administrative or contractual staffing or equipment to strengthen financial, communication and media, technological, legal, or programmatic capacity; and
  + Project management, coordination, and collaboration across stakeholders to create a coherent, comprehensive, and responsive system of supports to asylees seeking entry and/or refugees in NM;
* Direct staffing for and supports to asylees that addresses urgent needs may include:
  + Legal representation;
  + Professional language interpretation and translation services;
  + Temporary shelter and accommodations including food/hygiene items during the temporary shelter and to the relocation community;
  + Transportation to safe, secure shelter, and/or housing;
  + Cell phones, access to internet i.e. ‘hotspots’;
  + Physical, behavioral, and mental health medical services including, but not limited to, COVID-19 screening and response, medically needed medications and procedures; and
  + Any other services and flexible funding that supports asylees’ dignity and needs as they transition to a healthy, productive life;

\* For the purposes of the HEAL Fund, the **term asylee** encompasses [various immigration/legal status](https://www.sji.gov/wp/wp-content/uploads/Immigration-Status-4-1-13.pdf) including refugee, special immigrant juvenile status (SIJ), VAWA or other crime victim or witness statuses, victim of trafficking in persons (T visas) those with certain family-sponsored, work-, education temporary visas.

**Questions? Email** [***edavila@newmexicofoundation.org***](mailto:edavila@newmexicofoundation.org)

**Please email completed application and budget template to** [***edavila@newmexicofoundation.org***](mailto:edavila@newmexicofoundation.org)

**Information to be Completed by Applicant**

**Organization Information**

Organization Name:

Organization Mailing Address:

Organization Phone Number:

Lead Contact Name: Lead Contact Title:

Lead Contact Email and Phone Number:

Which of the following best describes your organization: \_\_501c3 \_\_Organization with a fiscal sponsor

What is your federal tax identification number?

If using a fiscal sponsor, please provide the fiscal sponsor’s name, address, and federal tax identification number:

Grant Amount Requested:

Have you received a HEAL Fund grant previously? If so, when and how much?

**Please respond to the following questions in no more than three pages**

1. Organizational Description:
2. Please describe your organization’s mission, vision, and values.
3. When was your organization founded?
4. People Served:
5. Which people/population do you seek to serve?
6. How many people will benefit and/or receive services with this funding?
7. Describe any specialized services you might be seeking to meet the needs of the described populations.
8. Priorities:
9. Which service(s) and supports will your organization provide to respond to the needs of those seeking asylum?
10. Describe your organization’s capacity to provide culturally and linguistically appropriate services?
11. Describe your organization’s capacity to provide trauma-informed services?
12. Describe resources you plan to use towards building your organizational capacity to provide high-quality response?
13. Partnerships
    1. What partnerships or collaborations do you already have in place to respond to asylee needs?
    2. Does this funding allow you to expand collaborations beyond existing partners?
14. Please fill in the budget template (or include your own). If you submit your own, please include a short budget narrative to explain how funds would be used.

**Optional Budget Template**

**(Feel free to use this or your own budget format as long as it addresses**

**the relevant expense categories, costs, and sources of support/income and others listed below.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Expenses** | **Cost per unit** | **FTEs or # of units** | **NMF Request** | **Other Income**  **Secured** | **Total Expense** | **Budget Narrative** |
| Personnel Salaried (specify role and include total cost of employment) |  |  |  |  |  |  |
| Personnel Salaried (specify role and include total cost of employment) |  |  |  |  |  |  |
| Personnel Salaried (specify role and include total cost of employment) |  |  |  |  |  |  |
| Personnel Contracted (specify role) |  |  |  |  |  |  |
| Personnel Contracted (specify role) |  |  |  |  |  |  |
| Personnel Contracted (specify role) |  |  |  |  |  |  |
| Services Contracted |  |  |  |  |  |  |
| Facilities |  |  |  |  |  |  |
| Equipment/Materials |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |