



Grant Opportunity: Capacity Building & General Operating Support

REQUEST FOR PROPOSALS (RFP)

This new funding opportunity from Cone Health Foundation offers **either capacity building or general operating support** for strategically aligned community-based organizations serving the Greensboro area.

- The capacity building opportunity focuses on building stronger organizations by strengthening internal operations and organizational infrastructure.
- The general operating support opportunity provides unrestricted funding to support the overall strength, stability, and effectiveness of nonprofit organizations by supporting their operations.

This one-time unrestricted funding opportunity is intended for organizations already doing impactful work in our community. Grants will typically range from \$10,000 to \$25,000, and proposed projects may span 12 to 24 months depending on the scope and timeline of the work. As we anticipate a high volume of requests, not all applicants will receive a grant, and award amounts may vary from the amount requested.



WHAT WE ARE FUNDING

Cone Health Foundation recognizes that strong organizations are critical to advancing community health and equity. This funding opportunity is intended to strengthen the sustainability, stability, and effectiveness of community-based organizations. By investing in internal capacity, this grant aims to help organizations sustain and expand their impact in addressing health inequities at the systems and community levels.

WHO IS ELIGIBLE TO APPLY

Cone Health Foundation will support **Greensboro-based** 501(c)(3) nonprofit organizations and organizations with a fiscal sponsor that are advancing one of our priority social drivers of health below.

Organizations with an **operating budget of \$500,000 or less are eligible to apply.**

To ensure sustainable and diversified funding streams, our grants are limited to 25% of an organization's total annual budget. Organizations must be in good standing financially and operationally.

Target Populations Across Priority Areas:

- Black communities
- Hispanic/Latino communities
- LGBTQ communities
- Low-income families with a child, a senior, or an adult with a disability
- Refugees, asylees, and immigrants
- Veterans, individuals experiencing homelessness, former foster youth
- Note: Other racial and ethnic groups are also invited to apply for grants

Priority will be given to organizations that closely align with our targeted focus areas:

- **Healthy food:** collaborative strategies that strengthen food systems infrastructure and policy to improve access for underserved populations, as well as initiatives that provide access to healthy, affordable, quality, and culturally relevant food.
- **Education:** school readiness and educational access, persistence, and quality from prenatal through 3rd grade, and in post-secondary education.
- **Safe and healthy housing:** healthy home repairs, habitability interventions, and tenant stability efforts such as eviction prevention and rent-reporting programs.
- **Economic mobility:** including workforce pathways leading to living wage employment.
- **Access to health care:** physical, financial, cultural, and linguistic access, as well as system navigation, timeliness, and continuity of care.

WHAT IS CONSIDERED CAPACITY BUILDING?

Capacity building activities are those that strengthen an organization's ability to carry out their mission. Often, capacity building efforts are focused on internal operations, systems, and processes. Examples include the following:

- Board and staff development
- Brand, messaging, and communications strategy (organization-centric)
- Developing partnerships and collaborative frameworks
- Evaluation, research, and learning efforts
- Improving internal operations, including financial, human resources, or technology
- Strategic planning and organizational goal setting
- Strengthening advocacy and policy efforts

WHAT IS CONSIDERED GENERAL OPERATING SUPPORT?

General operating support (GOS) is funding that a nonprofit, or fiscally-sponsored organization, can use to support their mission and ongoing operations rather than for one specific program or project. GOS helps cover the organization's day-to-day needs. **Examples include the following:**

- Administrative expenses
- Existing staff salaries and benefits
- Insurance and accounting
- Program delivery costs across the organization
- Rent or utilities
- Technology and software

WHAT THIS FUNDING DOES NOT SUPPORT

- This grant does not fund new staff positions.
- This grant opportunity is not intended to support mutual aid activities, including the direct distribution of emergency financial assistance or emergency relief to individuals or families. This includes:
 - Cash assistance
 - Gift cards
 - Rental assistance
 - Other forms of direct aid intended to address immediate individual needs
- Organizations without an established presence in, or a demonstrated track record of serving, the Greensboro community.

TIMELINE

Milestone	Date
RFP Launch Date	June 9, 2026
Application Deadline	July 31, 2026 by 5:00 PM
Review Period	August – September 2026
Award Notifications	October 2026
Project/Program Start Date	January 2027

SUBMISSION INSTRUCTIONS

Applications must be submitted electronically through the designated application portal by **July 31, 2026 at 5:00 PM.**

Late, incomplete, or ineligible applications will not be reviewed.

Application portal and additional submission details will be available at Cone Health Foundation website: www.conehealthfoundation.com

If you have any questions, then please reach out to Luke Wallace, Finance and Grants Manager, Foundation@conehealth.com.

Grant Application Questions

Application questions are listed below, but you **must** create a Blackbaud account to complete the questions.

ORGANIZATION INFORMATION

Name of person making the request

First name:

Last name:

Pronouns:

Title/Position:

E-mail:

Contact phone number:

Information about the organization applying

Organization Name:

Legal Name of Organization:

Mailing Address:

Executive Director:

Doing Business As (DBA):

EIN Number:

501(c)(3) Status: **Yes** **No**

If NOT a 501(c)(3), complete below.

Fiscal Sponsor Name:

Fiscal Sponsor EIN:

Mailing Address:

City:

State:

Zipcode:

Website:

Phone:

Funding Request Amount

Project Duration:

1. Please describe your organization’s mission and how you support the communities you serve in Greensboro. [150–250 words]

2. Which of these two funding opportunity are you applying for?

Capacity Building

General Operating Support

3. Provide a concise overview of the proposed initiative, target population, and intended impact. [150–250 words]

4. Which priority area best reflects your organization’s primary area of work? Please select one.

Access to Health Care

Access to Healthy Food

Economic Mobility

Education

Safe and Healthy Housing

5. How does your organization’s work align with the priority area you selected? If your organization works within a specific focus area under that priority, please describe the connection. Feel free to refer to the descriptions under “who is eligible to apply” for more information. [350 words maximum]

6. Please describe how this funding will support the following, depending on the funding opportunity you are applying for: [350 words maximum]

- Capacity building: internal operations and infrastructure OR
- General operating support: strengthen organization’s overall effectiveness, stability, and/or ability to serve the community

7. What organizational goals or priorities do you hope to advance during the grant period? [350 words maximum]

- 8. How will you define and measure progress and success through specific outcomes or milestones? [350 words maximum]**
- 9. Please provide your organization’s current, board-approved operating budget. If you are applying for a capacity-building opportunity, please also include a brief budget outlining how you plan to use the grant funds. [budget with explanatory narrative 250 words maximum]**
- 10. Required attachments (please upload):**
- **IRS determination letter**
 - **990 tax form**
 - **W-9 (most recent)**
 - **Current, board-approved, annual operating budget**

CERTIFICATION

I certify that the information contained in this application is true and accurate to the best of my knowledge.

Authorized Signature:

Name and Title:

Date:

