



2025 CHA Grant Application & Scoring

Key Dates

Applications Open	Saturday, September 13, 2025
Application Closed	Wednesday, October 22, 2025, 5pm
Applicants Notified	By November 30, 2025

Application Fields

Organization Information

First Name, Last Name, & Title of Grant Point of Contact

Mail Stop #

City, State Zip

Phone

Email

Department Manager

Division Director

Proposal Information

Program Title

Is the program new or existing? [New, Existing]

What is the program duration? [Single, Multi-year]

Is it ongoing program? [Yes, No]

Please give a 2-3 sentence summary of your request.

Please indicate the population/geographic area and how many people will be served.

Budget Information

Dollar amount requested

Total project/program budget

Proposal Narrative

Please use the following outline as a guide to describe your proposal and the mission of the grant maker.

Program/Department

Give a full description of the proposed program and how funds will be used.

Briefly summarize your program/departments mission and goals.

Describe how the program supports the mission of CHA.

Briefly describe your current programs including any service statistics and strengths or accomplishments.

State the names and qualifications of the individuals responsible for implementing and operating the program.

Purpose of Proposal

Describe the opportunity, challenges, issues or needs that this program will address.

Please provide any additional information that might be helpful to CHA in evaluating your request.

How will the proposed activities benefit the community, being as clear as you can about the impact you expect to have on the community.

Evaluation

Please describe your criteria for success, both short term and long term.

How will your success be measured and/or evaluated?

If CHA can commit to less than your requested amount, will your program still exist? [Yes, No]

If you are given an amount less than your request, what would your program priorities be?

Funding Request

Have you been funded by CHA before? [Yes, No]

Has this program been budgeted and approved by Children's Minnesota Executive Leadership for 2026?
[Yes, No]

Are you seeking funds elsewhere? [Yes, No]

From what other organizations do you receive funding?

Please check below for the area in which funds are being requested. (Select all that apply)

[Interdisciplinary, Experience, Operating, Capital, Research (It is our position that we generally do not fund indirect research costs), Peri-operative, Pediatrics, Critical Care]

Proposed Budget

In case of Values which are N/A, please use a Zero(0).

Income, Support

Government Grants

Foundations

Corporations

Fundraising events and products

Individual contributions

Membership Income

In-kind support

Investment income

Other

Income, Revenue

Revenue

Government Contacts

Earned Income

Other

Total Income will be calculated within the application.

Expenses

Salaries and Wages

Insurance, benefit & related taxes:

Supplies/printing:

Telephone:

Other

Please provide more information if choosing "Other."

Total Expenses will be calculated within the application.

Grant Scoring

Overview

Grant Application Area	Possible Points Awarded - 100
Mission Alignment	10
Vision of Care Alignment	10
Funding Area	15
Impact	20
Evaluation	15
Efficiency	10
Interest	20

Rubric Criteria

Mission Alignment (10 points possible)

How closely does this request align with CHA's Mission?

Perfect Alignment (10 Points)

Satisfactory Alignment (7 Points)

Somewhat Closely (4 Points)

Not Closely (0 Points)

Vision of Care Alignment (10 points possible)

Does this support CHA's vision of wrap-around or holistic care?

Yes, this program is entirely wrap-around or supportive services (10 points)

Yes, this program is mostly wrap-around or supportive services (8 Points)

Somewhat, this program builds on core pediatric medical services (5 Points)

No (0 Points)

Funding Area (15 points possible)

Have we funded this work before or is there a desire to fund this work?

Yes, we have or yes, there is a desire to (5 Points)

Yes, we have but there isn't much desire to (2 Points)

No, we have not but there is a desire to (4 Points)

No, we have not and there is no known desire to (0 Points)

What is the closest description for the suggested use of this funding?

Direct Care (includes increased staffing to provide additional care) (10 Points)

Equipment (6 Points)

Research (5 Points)

Impact (20 points possible)

How significant is the estimated or goal impact for this program/project?

Large Impact and Large Patient Segment (20 points)

Large Impact and Small Patient Segment (15 points)

Moderate Impact (10 points)

Incremental Impact (5 points)

No Impact (0 points)

Evaluation (15 points possible)

Does this program or project have measurable outcomes?

Has measurable outcomes and they are well described in proposal (5 points)

Has measurable outcomes but they are not well described in application (2 points)

Has outcomes but they are not measurable (1 point)

Does not have clear outcomes (0 points)

Can we share the success of this program or project?

Yes, we can share the success of this program easily. (5 points)

Yes, we can share the success of this program but not easily. (2 points)

No, I cannot imagine how we would share the success of this program. (0 points)

Are there patient families willing to share their stories? (Consider: did they provide any? Have you heard others discuss this? Have you seen this program presented at an event before?)

Yes, many (5 points)

Yes, some (3 points)

No, I doubt there are any (0 points)

Efficiency (10 points possible)

Does this application demonstrate an efficient use of funding? (Consider: Does the amount mirror the impact? Does the budget show how funds will be spent?)

Very efficient use of funding (5 points)

Somewhat efficient use of funding (3 points)

Not very efficient use of funding (1 point)

Are there others funding this work? (Consider: details provided in the budget section)

Yes, many others funding (4 points)

Yes, some other funders (5 points)

No, no other funders listed (0 points)

Interest (20 points possible)

On a scale of 1-5, how interested would you be interested in hearing or learning more about this program (5 being the most interested and 1 being the least interested)

5 Very interested (5 points)

4 Quite interested (4 points)

- 3 Somewhat interested (3 points)
- 2 Very little interest (2 points)
- 1 Not at all interested (1 point)

Was the program description provided in the application well thought out and/or well presented in this application?

- Excellent Presented/Excellent Detailed (15 points)
- Well Thought Out/Sufficiently Detailed (10 points)
- Adequate Description but Lacks Detail (5 points)
- Not Adequate Description - Confusing, incomplete (0 points)

Reviewers are permitted to submit additional comments. All comments are addressed at the final grant review committee meeting.

Administrative Details

Application Portal	Children's Hospital Association - Login Screen
CHA Website	Welcome! Children's Hospital Association Twin Cities
CHA Contact	CHA Staff at InfoCHA@childrensmn.org