

Technical Assistance Grant 2026

Eligibility Form

The Technical Assistance Grant Program Pilot will support organizations in efforts to evaluate, plan, and lead effectively, thereby improving their ability to promote health across Lincoln.

Technical Assistance (TA) grants are focused on planning, evaluation, or training efforts, not program delivery or facility construction. They are one-time, one-year awards to strengthen your organization. Grants can be part of an existing or ongoing initiative as long as they add value to your organization's efforts to improve health.

All applicants are required to complete and submit an Eligibility Form. To do this, please answer the following questions and click "Submit Application." CHE staff will notify you via email after your eligibility form has been reviewed, typically within five business days.

[A list of TA resources can be downloaded here.](#)

Is Lincoln, Nebraska the geographic focus of your project?*

Please note that our funding can only be used within the city limits of Lincoln, Nebraska.

Yes

No

Organization Eligibility*

Are you a current eligible organization in good standing, such as a 501 c 3 nonprofit, educational institution, government agency, tribal entity, or do you have a fiscal sponsor? Please describe in 250 character or less.

Character Limit: 250

Has your organization violated state or federal law in the past three years?*

Yes

No

Have you previously been funded by the Community Health Endowment within the last five years?*

Past, current, and active applicants are welcome to apply. Your technical assistance project **does not** have to relate directly to your previously funded project.

Yes

No

Please select one of the following eligible funding categories.*

- **Evaluation:** Assessing organizational needs, processes, outcomes, and impact, or strengthening evaluation skills through staff training or consultant support.
- **Planning:** Developing strategic, succession, sustainability, or merger plans; engaging facilitation or translation support to better serve diverse populations.
- **Training:** Providing employees, managers, and board members with development in cultural competency, resilience, management, or leadership.

Evaluation

Planning

Training

Project Description*

Please provide a brief description of your organization’s mission and the proposed project including what you will do and how it will improve organization’s commitment to health.

Character Limit: 1000

CHE STAFF USE ONLY*

Does applicant meet criteria?

Yes

No

Technical Assistance Grant Application

Project Name

Character Limit: 100

Mission, Vision and Services*

Describe your organization’s mission, vision, and services and your organization’s impact on health, considering the CHE definition of health.

Character Limit: 2000

Proposed Initiative*

Describe your proposed initiative for evaluation, planning, or training. Include who will be involved, what you will do, when you will do it, why it matters, and how it will be maintained into the future.

Character Limit: 2000

Expertise*

Technical assistance requires expertise in evaluation, planning, or training. Please describe who will provide expertise and/or leadership for your project, their qualifications for the specific project proposed.

Character Limit: 2000

This section requires uploading information to our system. If you experience difficulty uploading, please try converting to a different file type or compressing your file to a smaller size (this can often be done by "printing" as a PDF.)

If you still have trouble uploading documentation, please email them to morgan.hermanek@chelincoln.org.

Upload a workplan using the CHE template.*

Download the template below, then upload using the "upload" button. Please upload in Word or PDF format.

File Size Limit: 1 MB

DOWNLOAD THE CHE WORKPLAN TEMPLATE HERE

Upload a budget for your proposed TA grant using the CHE template.*

Download the template below, then upload in Excel or PDF format. Then, please provide a brief budget explanation, including major expense categories and how the proposed costs support the project activities and goals, in the text box below.

Character Limit: 1000 | File Size Limit: 2 MB

DOWNLOAD THE BUDGET TEMPLATE HERE

(Please note there are TWO tabs that must be completed: Support and Expenses)

Please provide your organization's most recent audited financial statements.*

If your statements are not audited or reviewed, submit a balance sheet and income/expense statement for your organization's most recently completed fiscal year.

File Size Limit: 10 MB

Please upload your organization's complete budget for the current year.*

These are not your audited financial statements. This is the budget for the current fiscal year in which you are operating.

File Size Limit: 10 MB

Authorized Officer Signature*

Enter your full name, title, and the date of submission, (e.g.; Erin Smith, Executive Director, July 15, 2023)

By entering your signature and clicking "I Agree," you certify that the statements contained in this application are true and correct to the best of your knowledge and belief, and you are authorized to sign official documents on behalf of your organization.

Character Limit: 100