



Centennial

BERMUDA FOUNDATION

Community Investment Priorities
and Grantmaking Guidelines



FOCUS AREA #1:

Community Health & Fundamental Needs

(with an underlying theme to fund seniors)

Aspiration:

“That all people in Bermuda have complete physical, mental,
social and material wellbeing.”

OVERVIEW

Centennial Bermuda Foundation (“Centennial”) is a private philanthropic foundation providing several million dollars of grants to a wide range of organisations in Bermuda. Centennial also offers a number of different scholarships to Bermudian students to support postsecondary education. Centennial’s contribution to organisations and students contribute to the fabric of life in Bermuda.

VISION

An equitable Bermuda where everyone, including Bermuda’s most marginalised, can thrive.

MISSION

We fund organisations, programmes and initiatives that respond to and resolve community and social needs, however complex they may be.

IDENTITY STATEMENT

Bermuda’s history of racial inequality and segregation has created systems of structural racism, socio-economic divide, and inequitable access to opportunities and outcomes. We acknowledge our historical institutional biases. Today, Centennial Bermuda Foundation embraces the responsibility of solving the complex and interconnected systemic challenges that have shaped inequity in Bermuda.

At Centennial Bermuda Foundation, we strive to find solutions that both alleviate symptoms and tackle root causes. Our transformative approach recognises that long-term improvement requires changes in systems, behaviours and mindsets, and that short-term relief is necessary in the meantime.

Centennial collaborates with a wide range of partners who share our vision. We believe in Bermuda’s collective strength, and we grow stronger by listening to others with respect and curiosity. We are committed to drawing on insights from those who understand the issues best, including individuals with lived and learned experiences.

As an integral part of the Bermuda community, we reflect the diversity of our island. We embed equity in all our practices and value research-driven, informed decision-making. We hold ourselves accountable as we strive to improve and support others in doing the same. We embrace our ongoing journey toward an equitable Bermuda where everyone can thrive.

GRANTMAKING GUIDELINES - OVERVIEW

TWO CYCLES OF FUNDING AVAILABLE

Centennial accepts funding application requests during two annual cycles for grants funded in Bermuda dollars (BMD). An eligible applicant can only apply for one grant per year.

Cycle 1 Submission Deadline: January 31st

Cycle 2 Submission Deadline: September 30th

Application Requirements: Complete online application form

Grant Decision Timeline: Within 6 – 8 weeks

FUNDING PERIODS

One-Year Funding: Most grants for projects will be made for one year at a time to enable appropriate review and monitoring.

Multi-Year Funding: Centennial will consider multi-year funding for Tier 2 applicants only on a case-by-case scenario. The organisation will have a proven track record of success, clear and measurable performance outcomes, and regular reports on impact and results.

TYPES OF GRANTS

Project Grant: Funding to support a specific project or service to be provided to the community.

Operating Grant: Funding for general operations to support overall mission of the organisation.

Project & Operating Grant – “Hybrid”: Funding for both general operations and specific support of a project or service to be provided to the community.

Capacity Building Grant: Funding for an organisation or backbone organisation to grow impact by developing competencies, strategies, systems and structures to improve organisational and/or community effectiveness.

FIRST TIME APPLICANTS

Organisations not currently funded by Centennial are required to complete an organisation profile in the grants management system located at www.centennial.bm/grants and complete a [Letter of Intent](#) 45 days prior to a designated biannual grant cycle date: January 31st, September 30th.

ABOUT THE ONLINE LETTER OF INTENT

The one-page LOI is a brief overview that enables Centennial and the applicant to determine if the project is within our funding priorities and budget, and addresses relevant community need.

Applicants will receive feedback on their request and if the LOI is successful, should complete the online grant application by the next Submission Deadline. A positive response to an LOI does not imply that the grant application will be approved.

BUDGET FINANCIAL REQUIREMENTS

Be prepared to provide a basic budget and financial statements to be eligible for a grant.

Organisations with **less than \$50K annual income** must provide income statement and balance sheet for current fiscal year.

Organisations with **more than \$50K annual income but less than \$450K** must provide full GAAP Financials (Income Statement, Balance Sheet, and Cash Flow Statement for current fiscal year).

Organisations with an **annual income over \$450K** must provide the most recent audited financials and provide full GAAP financials.

For more information, see full Community Investment Priorities and Grantmaking Guidelines.

THE FOUR AREAS OF FOCUS FOR GRANTMAKING

Centennial, through extensive consultation with its stakeholders, has identified four Focus Areas for grantmaking. The intention is to help heal, improve, inspire and balance the Bermuda community to be a dynamic and fair-minded place to live and grow.

These priorities address community need, informed by front line service providers and support organisations with first-hand experience.

1. **Community Health & Fundamental Needs**
2. **Cultural & Community Connections**
3. **Economic Participation**
4. **Public Education**

HOW TO USE THIS INFORMATION BEFORE APPLYING FOR FUNDING

1. An applicant should first decide which Focus Area is the best fit for their programme or project. More than 1 Focus Area can be selected.*
2. Align the project with an identified priority within your chosen Focus Area.
3. Select which Aligned Outcome (measurement) you will report on. Funded partners must choose and report on at least one.**

****More than 1 Focus Area can be selected.***

Centennial's grantmaking decisions will be made according to its five identified focus areas listed above.

Example: An organisation that provides shelter housing as well as employment & life skills training to its recipients, can select the Focus Areas of Economic Participation and Fundamental Need.

This supports an integrated and holistic approach to service and project delivery, that we believe will accelerate impact and address the needs and vulnerabilities of the community.

*****Funded partners must choose and report on at least one Aligned Outcome.***

Successful applicants must choose at least one intended outcome from the aligned outcomes list provided in the document - 2023 Investment Priorities and Grantmaking Guidelines.

Applicants can insert additional rows to include additional outcomes of their choosing not listed within grantmaking guidelines, however Centennial will only require progress reporting and tracking on the intended outcomes selected from the Guidelines document.

PRIORITY: Affordable & Accessible Healthcare

DEFINED AS: Making health coverage more affordable and accessible, thus increasing the number of Bermudians with coverage; by funding community facing, public health advocacy groups, policy reform and research projects.

ALIGNED OUTCOME:

Advocate for quality health care policy and legislation reform

DEFINITION:

Changes in policy and/or legislation that support improvements for public health. Government expenditure and funding for healthcare programmes increase and support affordability and access

Provides affordable accessible healthcare services for the most vulnerable

Demonstrates ability to work with public sector or government, nonprofits, and private partners to deliver high quality healthcare that is affordable and accessible for all Bermudians across the lifespan, including unborn, children, youth, adults, and seniors, across healthcare settings

Improved public awareness and engagement on healthcare reform

Change in public perception – public health reform. Innovation of new ideas, technologies, and approaches. Increase in public events, rallying and campaigning on healthcare

PRIORITY: Chronic Illness: Type 2 Diabetes

DEFINED AS: A chronic condition associated with abnormally high blood sugar levels. Absence or insufficient production of insulin, or an inability of the body to effectively use insulin.

ALIGNED OUTCOME:

Addresses, understands, and feels supported to manage their Type 2 diabetes.

DEFINITION:

Has an up-to-date multidisciplinary care plan. Receives specialist support for their Type 2 diabetes

Reduced time spent in hospital as a result of diabetes.

Has fewer unplanned hospital visits.

Has reduced need for care or sustains current level of independence.

Reduction in level of dependency of care or intensive services due to the early diagnosis and management of Type 2 diabetes.

Improved quality of life in relation to Type 2 diabetes

Level of functional ability improves (i.e., employment or other activities)

PRIORITY: Mental Health Early Detection & Intervention

DEFINED AS: Early Detection interventions identify and provide effective early support to children and young people who are at risk of poor mental health outcomes. Prevention interventions aim to reduce the incidence, prevalence and recurrence of mental health illness/disorders and their associated disability.

ALIGNED OUTCOME:

DEFINITION:

Improved access to and increased use of mental health support services

A person/child/adolescent knows where to go for support when a crisis or mental health concern occurs.

Reduced need for mental health care and support services

Reduction in time spent in care due to mental health problems being addressed and treated

Early detection and intervention of mental health illness is accessible and affordable

A diagnostic tool or system that identifies children and young people who are at risk of poor mental health outcomes, and links them to affordable and accessible services.

Increased level of Independence

Has self-managed and sustained their mental wellbeing successfully for a minimum of 6 months.
Has increased autonomy and control over their own care

Improved Resilience

Has developed the capacity to cope with difficulties & stress

Improved Confidence and Self Esteem

Has improved confidence in their own capabilities

PRIORITY: Obesity

DEFINED AS: Overweight and obesity are abnormal or excessive fat accumulation that presents a risk to health.

ALIGNED OUTCOME:

DEFINITION:

Obesity Prevention

Attained a pattern of healthy eating behavior, including eating recommended types and amounts from healthy food groups.
Reduces sedentary activity.
Has access to and can take part in appropriate opportunities of activity a minimum of 30 min per day x 5 days per week

Healthy Weight

Has attained a normal healthy weight and BMI level

PRIORITY: Substance Abuse & Addiction | Residential - Short term

DEFINED AS: Substance abuse is a pattern of harmful use of any substance for mood altering purposes; substances can include alcohol and other drugs (illegal or not). Addiction is the psychological and physical inability to stop consuming a chemical drug, activity, or substance.

ALIGNED OUTCOME:	DEFINITION:
Reduce Substance Abuse	Discontinued unhealthy behaviours (i.e., usage of smoking, drugs, or alcohol)
Reduce Substance Addiction	Client has not experienced any episodes of relapse
Short-term Residential Treatment support is accessible and affordable	Residential treatment centres provide therapy for substance abuse disorders, mental illness, and other behaviour problems
Improved Patient Quality of Life	Developed behaviours to support daily functioning, including independent living skills, consistent engagement with treatment, and improved financial outcomes

PRIORITY: Food Insecurity

DEFINED AS: The state of being without reliable access to a sufficient quantity of affordable, nutritious food.

ALIGNED OUTCOME:	DEFINITION:
Short-term hunger relief	Provides ongoing access to nutritious and non-perishable food that is both affordable and accessible to beneficiaries weekly
Emergency supply and distribution	Demonstrates ability to provide targeted timely food supplies (and related materials) to beneficiaries in time of crisis and emergency
Improved food distribution network	Demonstrates expansion in number of beneficiaries receiving free and/or affordable nutritious food due to coordinated distribution efforts

PRIORITY: **Homelessness**

DEFINED AS: Lacking stable and appropriate housing. Can be categorised as homeless if living on the streets, moving between temporary shelters (including houses of friends and family) and living in emergency accommodations.

ALIGNED OUTCOME:

Access to temporary housing

DEFINITION:

Provides access to temporary shelter (i.e., homeless shelter)

Prevent homelessness through housing retention

Provides access to resources to retain safe housing for at least 90 days, including support for financial issues to prevent homelessness

Reduce homelessness

Client gains access to stable permanent housing for at least one year

PRIORITY: **Housing**

DEFINED AS: Housing that is appropriate for the needs of low-income populations, where cost of housing is manageable and maintained, to enable individuals to meet other basic needs: food, clothing, medical care and education.

ALIGNED OUTCOME:

Affordable permanent housing

DEFINITION:

Demonstrates increase development of sufficient, affordable residential options for low-income populations to decrease dislocation and relocation

Housing stability

Gains access to stable permanent housing

Access to housing referral services

Gains access to services that connect or refer individuals to providers of temporary or long-term housing options

EXAMPLE ADVOCACY INDICATORS

1. Number of people targeted with information on issue X
2. Number of media outlets that publish material developed by organisation
3. Number of organisations attending meeting/assemblies
4. Number of organisations involved in coalition for issue X
5. Number and percent of participants or community residents providing funding to support the cause
6. Number of elected officials who publicly support the campaign
7. Number of legislative votes in favour of the programme's position on issue X
8. Number and percent of sought actions taken by the government agency
9. Favourable legislation/reform measures passed related to programme goals or development.
10. Number of regulations changed in favour of issue X
11. Number and percent of community residents satisfied with services of community organising or policy/advocacy organisation

EXAMPLE HEALTH INDICATORS

1. Percentage of identified high-risk individuals referred to diagnostic procedures
2. Percentage of identified high-risk individuals remitted to lifestyle interventions
3. Individual's risk factor profile is assessed
4. Individual's motivation for behavioural changes is discussed
5. Interventions have been defined at individual level
6. Individualized targets for interventions have been established
7. Number of individuals dropping out of interventions
8. Process Plan for follow-up is defined
9. Proportion of planned intervention visits completed over 1 year
10. Weight change over 1 year
11. Change in waist circumference over 1 year
12. Change in BMI over one year
13. Change in glucose over 1 year
14. Change in the quality of nutrition over 1 year
15. Change in physical activity over 1 year
16. High-risk individuals in interventions achieving clinically significant changes in risk factors at 1 year
17. Number and percent of clients with improved knowledge of the nature and consequences of unhealthy risk behaviours
18. Number and percent of clients with improved knowledge about how to reduce unhealthy risk behaviours
19. Number and percent of clients indicating improved attitudes/confidence towards changing their behaviour
20. Number and percent of clients reporting a substantial improvement in their behaviour after the end of service
21. Number and percent of clients who are healthy, or have improved health, 6 or 12 months after the end of service
22. Number and percent of clients reporting feeling healthier than before the service, 6 or 12 months after the end of service

EXAMPLE MENTAL HEALTH - EARLY INTERVENTION INDICATORS

23. Improved ability for people with mental health problems to make informed choices about how they live and recover
24. Improved choice of mental health service and service providers
25. Number of family members, friends and caretakers who report that they have been included or consulted in discussions about the person they care for, and in planning and influencing
26. Number of people using mental health services who are participating in their service design or delivery
27. Number of people using mental health services who report feeling listened to and able to manage their own support as much as they wish
28. General availability of information on mental health related issues
29. Level of public awareness about the causes and consequences of mental health and well-being problems
30. Number of campaigns running to inform public about mental health problems
31. Proportion of people who experience improved mental health following use of services
32. Proportion of people who recover from mental health problems following use of services

EXAMPLE SUBSTANCE ABUSE/ADDICTION INDICATORS

1. Number and percent of clients who develop a recovery/ treatment/service plan
2. Number and percent of clients in need of mental health/addiction treatment who enter into such treatment
3. Discontinued unhealthy behaviours (i.e., usage of smoking, drugs or alcohol)
4. Client has not experienced any episodes of relapse
5. Residential treatment centres provide therapy for substance abuse disorders, mental illness and other behaviour problems
6. Developed behaviours to support daily functioning, including independent living skills, consistent engagement with treatment, and improved financial outcomes

EXAMPLES OF MEASUREMENT METHODOLOGIES

METHOD

ADVANTAGES

Surveys (Mail)

- Can survey many people
- Not time-consuming
- Relatively inexpensive
- Everyone gets the same instrument
- Objective interpretation

Surveys (Group Administered)

- Can survey many people
- Not time-consuming
- Relatively inexpensive
- Everyone gets the same instrument
- Object interpretation
- Relatively inexpensive

Surveys (Telephone)

- Able to ask for more detail when needed
- Everyone gets the same instrument

Polling

- Zoom conferencing

Interviews

- Researcher can know how people are interpreting questions
- Able to ask for more detail when needed
- Provide detailed data

Focus Groups

- Researcher can know how people are interpreting questions
- Able to interview multiple people at one time, thus, more cost-effective
- Responses from one person provide stimulus for other people

Observations

- Objective interpretation
- Low burden for people providing data

Student Records

- Objective interpretation
- Low burden for people providing data
- Relatively inexpensive

Collection of Materials

- Objective interpretation
- Low burden for people providing data
- Relatively inexpensive