



Grant Application Form

Date of Application: _____

Date received by Foundation: _____

Department or Organization: _____

Name of Lead Contact: _____

Title: _____

Phone: _____ FAX: _____ E-mail: _____

Address: _____

State: _____ Zip Code: _____

Name of Secondary Contact: _____

Title: _____

Phone: _____ FAX: _____ E-mail: _____

Program/Project Title: _____

Amount of this request: _____ Total Budget for this program: _____

Grant Duration: _____ Anticipated Start Date: _____

Communities of Counties Served: _____

Approximate number of people to be served during grant period: _____

Brief demographic description of population being served:

Type of request: (check all that apply)

_____ Capital

_____ Technical Assistance

_____ Operating

_____ Program/Project Start-Up

_____ Other

What other funding avenues have you explored or are exploring for this program/project?

Signature of Director/System Director: _____ Date: _____

Signature of Vice President: _____ Date: _____

Statement of need:

1. What is the problem, challenge or need that is unaddressed or unmet?

2. What is the research, statistics or evidence that shows this need or benefit exists?

Desired outcomes:

Please describe the changes in individuals or communities due to their participation in this program/project.

Describe the methods you will use to assess the success of the proposed project.

Program/Project Description:

(Please provide a summary description of the program/project including the goals and objectives. Also include how the grant funds will be used. You may attach supplemental information to support your application.)

* PLEASE NOTE THAT IF THIS GRANT IS APPROVED, IT IS FOR ONE-TIME ONLY, NOT ON-GOING

Foundation Action:

Grants & Awards Committee:	_____	Approved	_____	Declined	_____	Date
President:	_____	Approved	_____	Declined	_____	Date
Board of Directors:	_____	Approved	_____	Declined	_____	Date
Date of 1 st Grant Outcome Report	_____		Frequency of reports	_____		