

GRANT APPLICATION

Provide **1 copy** of this application form and completed proposal. See Check List on back.

Organization Name		Organization Phone	
Address, Street	City	State	Zip
Contact person's name & title		Contact person's phone	
Project Title			
Brief description with objectives:			
Geographic area to be served:			
Anticipated project period:	Type of request: <input type="checkbox"/> Ongoing project <input type="checkbox"/> New Project <input type="checkbox"/> One-time request		

Total project cost: \$ _____ (Include **budget**)

Amount requested: \$ _____

Other funding sources (received and/or pending) for this project:

Amount	Source

Have you received a grant from us before? No Yes
 Future grant awards will not be distributed until we have received a Grant Performance Report for prior grants.

Previous Grant Amount	Date

Administrative Authorization (senior staff or board chair)

I authorize that the information submitted in this application is accurate and that the applicant organization is an equal opportunity employer. I agree to accept responsibility for the conduct of the project and any stipulated conditions if a grant is awarded as a result of this application.

Name: _____ **Title:** _____ **Date:** _____

Signature: _____

Worthington Regional Health Care Foundation Grant Application Check List

The Grant Committee will consider only these requests submitted with the following information:

One (1) copy (may be copied on both sides), collated and stapled. Maximum of 6 narrative pages.

Check when
Complete:

1. **Grant Application Form** (must be complete)
 - a. **Your Non-profit IRS Certification Letter, if applicable**
 - b. **List of current officers, board members and key staff**
 - c. **Brochure(s) or marketing material(s), if available**
(If funded, future materials must reference Worthington Regional Health Care Foundation's support.)
2. **History-** Give a brief history of your organization and describe its mission.
3. **Purpose-** How does your project meet the eligibility criteria? How will this project improve the health and education of the community?

Eligibility:

Provide healthcare services and programs to Worthington Regional individuals and families.

Initiate or support health-related programs in response to expressed community needs.

Provide support for preventive and health education initiatives.

Clearly show evidence of collaboration with organizations that have similar missions for optimum community impact.

Focus on programming and services, rather than capital equipment. Capital equipment requests must be related to the healthcare program described.

4. **Need-** What evidence of need have you gathered from your clients? How have you gathered this information?
 - # of persons affected
 - Quantitative data of population served
5. **Implementation-** How do you plan to implement this project?
 - Timeline, start to finish, include work plan or project schedule
 - Plan for follow through
 - List of those responsible for project
6. **Collaboration-** Identify collaborative partnership with letter of support (if applicable). Justification is required for an independent (non-collaborative) project.
 - Who else in your community is working on this issue? How does your project differ?
 - How will you coordinate or partner with them?
 - How will you facilitate the sharing of this project with other groups?
7. **Evaluation-** What evidence can you give of the ability of your organization and personnel to implement the project successfully? How will the results be measured?
8. **Funding-** Budget and budget justification (two pages maximum). *
 - Detailed budget for the project, with both the projected revenues and expenses.
 - How will a Worthington Regional Health Care Foundation grant be used?
 - What other businesses or groups will partner in the funding?
 - Sustainability- How will this project be financed in the future? (Our limit: up to one grant funded per organization per year for a maximum of 3 consecutive years.)