We are excited that you are applying for a grant with CMC Community Health Foundation! New Grantees (or those with new projects even if they have applied in the past) are strongly recommended to contact the Grants Manager before applying to discuss the project and to make sure it meets the requirements of the foundation. The earlier you apply, the more opportunity for feedback, help and even visits from our Grants Manager. Avoid waiting until the last minute to submit your application! If you have any questions, please feel free to reach out to our Grants Manager, Janet Haase ([janet@communityhealthfoundation.org](mailto:janet@communityhealthfoundation.org)).

|  |  |
| --- | --- |
| Date: |  |
| Name of Requesting Organization: |  |
| Date of last IRS determination: |  |
| Contact Person & Title: |  |
| Phone Number: |  |
| Contact Email Address: |  |
| Mailing Address:   |  |  |  | | --- | --- | --- | | Street | | | | City | State | Zip Code | | |

1. Brief description and history of your organization:

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1. Amount requested:

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| $ |

1. Brief description of project for which funding is requested:

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1. State the goals and objectives:

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1. State the timetable for accomplishing the goals and objectives:

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1. Does your grant have a single objective? Can this be achieved in one year?

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1. Does your program include multiple objectives? Will they all be addressed in one year?

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1. Is this an existing program or a new program?

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1. Does the applicant plan to reapply in subsequent cycles?

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1. Describe the evaluation process you will use to evaluate how you have met your goals and objectives:

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1. Describe how the project relates to the requesting organization's long-term plans and priorities:

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1. Describe the present and future impact this project will have on the **health** of the community:

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1. Provide an itemized budget for the project for which monies are requested (can be sent as an attachment):

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1. List other sources of funding commitments received to date with amounts listed:

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1. Describe how the request will impact the organization's future operating budget (expenses and revenues). What is your organization's financial plan for future sustainability of this project after this grant is spent?

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1. Who is the project manager or administrator for the grant? What are the qualifications and credentials of this person?

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1. Please list your staff working on this project along with a short bio listing their skills and qualifications to complete this project.

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# Supplemental Documents Required

Files should be emailed to: [apply@communityhealthfoundation.org](mailto:apply@communityhealthfoundation.org) or [janet@communityhealthfoundation.org](mailto:janet@communityhealthfoundation.org) (File types: pdf, doc, docx, jpeg, jpg.)

**Proposed Project Budget**

**Quotes** for items listed in the budget if relevant

**Outcomes Expectation Report**

**IRS Determination Letter (501C3)** must be the last 10 years

**Board of Directors List and County of Residence:** DO NOT include pictures or biographies of Board Members

**Progress Report** **with Financials** if submitting an application for a new grant *while* under contract for a current grant

**Letter of Support (LOS) or Memorandum of Agreement (MOA)** if collaborating with other entities

**Copy of Contract** between applicant organization and any paid *contracted* *positions* OR a **copy of contactors W9** (with redacted SSN) as proof of the funds complying with our salary guidelines. If funds provided are for their salaries.

**Organization’s Audited Financial Statement or 990**

**Other Supporting Information** (Newspaper Articles, Photos, or Other Items)

Failure to provide **ALL** the relevant documents along with the application will result in an incomplete application. All applications *must be complete by the deadline* to be reviewed and considered for funding.

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| (Initials) |

I acknowledge that I have read and understand the statement above.

CMCCHF's Process and Procedures require grant specific communication to go through the CMCCHF Grants Manager, Janet Haase ([janet@communityhealthfoundation.org](mailto:janet@communityhealthfoundation.org)).

**Meetings and site visits** will be scheduled with applicant organization by CMCCHF, Inc. if deemed appropriate after your grant request is studied by the evaluation committee.

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| (Initials) |

I acknowledge that I have read and understand the statement above.

**I understand that if this grant is approved that we will sign a contract which binds us to the details in this application.**

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| (Initials) |

I acknowledge that I have read and understand the statement above.

Your Name:

|  |  |
| --- | --- |
| (First Name) | (Last Name) |

Title:

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