We are excited that you are applying for a grant with CMC Community Health Foundation! All Grantees **MUST** 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:

|  |
| --- |
|  |

2. Amount requested:

|  |
| --- |
| $ |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

5. State the goals and objectives of your proposed project:

|  |
| --- |
|  |

6. State the timetable for accomplishing the goals and objectives. Can they be achieved in one year?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

8. Describe the process you will use to evaluate the extent to which you have met your goals and objectives (Attach any applicable measurement tools).

|  |
| --- |
|  |

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

|  |
| --- |
|  |

10. Describe the present and future impact this project will have on the **health** of the community. Please include applicable research.

|  |
| --- |
|  |

11. What other organizations in our service area have similar goals and objectives?

|  |
| --- |
|  |

12. Have you contacted these organizations to discuss overlap and/or working together?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

15. After this grant money is spent, what is your organization’s financial plan for the future sustainability of this project?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

18. If this grant is awarded, who in your organization would be the signer of the contract (CEO or other head of organization)? Please provide their name and email address.

|  |
| --- |
|  |

19. You must have a board member who resides in the geographical area we serve in order to receive a grant. Please give the name and county of residence for one board member who fits this criterion. (This is required in addition to the list of board members submitted.)

|  |
| --- |
|  |

# 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 contractors 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.

|  |
| --- |
| (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.

|  |
| --- |
| (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.**

|  |
| --- |
| (Initials) |

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

Your Name:

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

Title:

|  |
| --- |
|  |