



GRANT APPLICATION

ORGANIZATIONAL INFORMATION

Organization: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Website: _____

501 (c) (3) Y / N Non Profit Y / N Tax ID # _____

Full Time Staff _____ # Part Time Staff _____ # Volunteers _____

Mission of organization: _____

PROJECT INFORMATION

Project Name: _____

Project Timeline: _____ Total Project Cost: _____ Amount of this Request: _____

Grant funds will be used for: _____

Number of people served by project: _____ Project cost per person served: _____

Project Service area (must be within Clinton County): _____

Target Population: Describe them by demographic information (age, gender, education, ethnicity, religion, community interests)

Indicate the grant category

Grant Category	
Education	
Innovation	
Patient care support	

I certify that the above information is correct and that I am authorized by the Board of Directors of this organization to submit this grant application. (Application must be signed by the President or Executive Director)

Signature _____ Print Name _____ Title _____ Date _____

Enclosed (three pages total)

- Completed **Grant Application Form**. (no cover letters, please).
- One additional page of **narrative** with the following information:
 - A brief description of your project (100 words or less) including project goals.
 - Specific community need that the project meets and expected impact.
 - Other collaborating organizations and partners participating in this project.
 - Who else is doing this work in our community and how is your project different?
 - How will you evaluate whether or not this program has been successful?
 - Please discuss your plan if you receive only *partial* funding from HealthFirst.
- Detailed **project budget**, including funds and revenue secured to date. Be sure to quantify the contributions of your collaborating partners, including in-kind contributions

Please submit your grant application along with the other supporting documents as an attachment (PDF or Word document) to Pat King at the following email address: **healthfirstforcc@gmail.com**

Grants can also be mailed to:

HealthFirst for Clinton County
PO Box 831
Wilmington, OH 45177

Received: _____	Grant #: _____	Amount Awarded: \$ _____
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