

Grant Application Cover Sheet

Date of application: \_\_\_\_\_

Legal name of organization applying: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact person/title/phone number (if different from Executive Director): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Web address: \_\_\_\_\_

Will your program be located and serve residents within the catchment area of ACMH Hospital?

\_\_\_\_ Yes      \_\_\_\_ No

Is your program a new initiative in Armstrong County?

\_\_\_\_ Yes      \_\_\_\_ No

Does your program promote health-related community education / awareness or engage individuals and families to impact health related problems in the community

\_\_\_\_ Yes      \_\_\_\_ No

Will your program continue through a significant part of the calendar year?

\_\_\_\_ Yes      \_\_\_\_ No

Is your program charitable?

\_\_\_\_ Yes      \_\_\_\_ No

Is this request for \$6,000.00 or less?

\_\_\_\_ Yes      \_\_\_\_ No

List any previous support from the ACMH Hospital Foundation in the past 5 years. \_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of the Grant (one sentence): \_\_\_\_\_

Dates of the Project: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

\_\_\_\_\_  
Signature - Chairperson, Board of Directors

\_\_\_\_\_  
Signature - Executive Director

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Grant Application Format

Please provide the following information in this order using these headings, subheadings and numbers provided.

### A. Narrative

#### 1. Executive Summary

- Begin with a half-page executive summary briefly explaining why your agency is requesting this grant, what outcomes you hope to achieve, and how you would spend the funds if received.

#### 2. Purpose of Grant

- Statement of needs to be addressed with a description of the target population and how they will benefit.
- Describe goals, measurable objectives, and action plans.
- List any other groups/partners involved and their roles.
- Description of the key staff involved and how they will contribute to the success of the project.
- Long-term strategies for funding after completion of this grant year.

#### 3. Evaluation

- Plans for evaluation of project including how success will be measured.
- Description of how evaluation results will be disseminated and how your project will be replicated.

#### 4. Budget Narrative/Justification

- Use the Grant Budget Format that follows.
- List of amounts requested/expected from other sources, i.e. foundations, corporations, etc.
- List of priority items in the event we cannot fund the entire amount.

#### 5. Organization Information

- Brief summary of organization's history.
- Brief statement of organizations mission.
- Organizational chart, including board, staff and volunteer involvement.

### B. Attachments

1. Copy of the current IRS determination letter indicating 501©3 tax-exempt status.
2. List of Board of Directors with affiliations.
3. Your proposal must be emailed to **angerta@acmh.org**

## Grant Budget Format

Please provide the project budget in this format and in this order.

A. Time period this budget covers: \_\_\_\_\_

B. Expenses: Include a description and the total amount for each of the following budget categories, in this order.

	<i>Amount requested From this organization</i>	<i>Total project expenses</i>
<i>Equipment</i>	\$ _____	\$ _____
<i>Supplies</i>	\$ _____	\$ _____
<i>Printing /Copying</i>	\$ _____	\$ _____
<i>Postage/Delivery</i>	\$ _____	\$ _____
<i>Marketing</i>	\$ _____	\$ _____
<i>Other (please specify)</i>	\$ _____	\$ _____
 <i>Total amount requested</i>	 \$ _____	 <i>Total project expenses</i> \$ _____

C. Revenue: Include a description and total amount for each of the following budget categories, in this order.

	<i>Committed</i>	<i>Pending</i>
<b>1. Grants/Contracts/Contributions</b>		
<i>Government</i>	\$ _____	\$ _____
<i>Foundations (itemize)</i>	\$ _____	\$ _____
<i>Corporations (itemize)</i>	\$ _____	\$ _____
<i>Individuals</i>	\$ _____	\$ _____
<i>Other (specify)</i>	\$ _____	\$ _____
 <b>2. Earned Income</b>		
<i>Events</i>	\$ _____	\$ _____
<i>In-Kind Support</i>	\$ _____	\$ _____
<i>Other (specify)</i>	\$ _____	\$ _____
 <i>Total Revenue</i>	 \$ _____	 \$ _____