


**Randolph Health
Community
Foundation**

Grant Application

In order to be considered for funding during this grant cycle, a completed grant application must be postmarked no later than October 1st of the current calendar year or delivered to the Foundation office by 5:00 PM on that same date.

I. Organization Information

Organization Name:

Address:

City/St:

Zip+4:

Telephone Number:

Email Address:

Primary Contact Name & Title:

Organization acting as fiscal agent (if different from above):

Organization tax ID number:

Tax Status 501(c)(3)

other (please identify)

Summary of purpose of organization, including mission statement

II. Request

Areas of focus: The Randolph Health Community Foundation makes grants which will engage **volunteers and organizations** to motivate our community to make healthy lifestyle choices. Our priorities are programs which support at least one of the following focus areas:

- Nutrition** – *projects that benefit nutrition in the areas of education, training and research*
- Physical Fitness** – *promotion of healthy living through programs that initiate, expand and improve physical fitness*
- Substance Abuse** – *education and prevention programs that ease the transition of becoming free from the health problems associated with abuse of alcohol, tobacco and/or illicit drugs*
- Randolph Health**– *projects that support the mission of Randolph Health and its efforts to provide quality health care.*

Project/program title

Amount requested from RHCF

In one sentence, please describe your project and what you plan to accomplish with the grant funds you are requesting from RHCF. You might begin by saying, Our organization plans to . . . :

Please elaborate on the following the questions:

Project/program description – Please address each of these items in your description: what result you propose to affect, how you know the project/program is needed, activities you propose, and changes you expect to see in/for the target population as a result of the project/program.

Volunteers – Explain how you will you engage and utilize volunteers/organizations with your program/project. Estimate how many volunteers/organizations will be utilized with

your program/project and number of hours. If your program will not utilize volunteers, explain why.

Target population – Include a description of the targeted population, the number to be served, and the number targeted by each activity of the program (e.g. for a family project, total participants, # in parent education, # of kids in activity).

Quality aspects of the project/program – Include what makes this project/program particularly suited to affect the result (e.g. strategy has proven successful, research-based model, staff/volunteer qualifications, accreditation, cultural competency, % of clients seen in a timely manner)

Collaboration - Other organizations across Randolph County or the state that will help the project/program achieve the result and their roles (if applicable).

Project/program timeline

(This section should include the steps necessary to accomplish the project, the timeframe for these steps, and reflect the goals listed on the following page.)

III. Goals/Evaluation

MEASURABLE GOALS and EVALUATION FOR EACH:

(Please complete only the goal and evaluation sections below. Grant recipients will be asked to complete the results column as part of their final report. Please include number of people served as one of your goals.)

Note: Grantees will complete a Final Report at the end of the grant period.

<u>GOALS</u>	<u>EVALUATION METHODS</u> (How will you measure the goals?)	<u>RESULTS/OUTCOMES</u> (Leave blank until final project report.)

IV. Project/Program Budget

	Randolph Health Community Foundation Requested Funds	Total Project/Program Budget
Totals		

Other Funding Sources - Include names of other funding sources for the project/program; amounts; and if the amounts are paid, committed or a proposal is pending for this project year.

V. Supporting Materials

Submit only ONE copy of each document

- IRS determination letter indicating tax-exempt status or verifying government agency status.
- Most recent annual report (if applicable).
- List of organization board of directors or governing board.

VI. Authorizing Signatures

The Applicant's Board of Directors supports this request:

Signature of CEO or Chairman of the Board

Date

Name of CEO or Chairman of the Board (printed)