Grant Application Cover Sheet

Date of application:		
Legal name of organization applying:		
Executive Director:	Email Address:	
Contact person/title/phone number (if different f	rom 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 Co	unty?	
Yes No		
Does your program promote health-related command families to impact health related problem	munity education / awareness or engage individuals as 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 Hospita	al 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

- Copy of the current IRS determination letter indicating 501©3 tax-exempt status.
- 2. List of Board of Directors with affiliations.
- 3. Eight (8) copies of your proposal must be typed, double-spaced and sent to: Jodi Beers c/o ACMH Foundation

One Nolte Drive

Kittanning, PA 16201

Grant Budget Format

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

В.		Expenses: Include a description and the total amount for each of the following budget categories, in this order.				
			Amount requested From this organization		Total project expenses	
C.	Sup Pri Pos Mo Ott Tot	tegories, in this order.		Total project expenses	\$\$ \$\$ \$\$ \$\$ Pending \$\$ \$\$	
	2.	Earned Income Events In-Kind Support Other (specify) Total Revenue		\$\$ \$\$ \$\$	\$\$ \$\$ \$	