

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 **medicalstaffgrant@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.

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

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

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