

CHF GRANT GUIDELINES

Application:

Grant applications should be as brief as appropriate to present necessary facts about the applicant and the project for which the grant is requested. We would prefer one to two pages with enclosures if needed.

Eligibility:

- Grant applicants are only accepted from not-for-profit organizations and government.
- The Curry Health Foundation Grant Program supports projects, programs, and equipment that are directly related to physical and mental health in Curry County.
- The Curry Health Foundation provides equal opportunity for all.

Amount Requested:

- Grants of \$500 to \$2,500.00 per item, project, or program will be considered.
- Grants are limited to a total of \$5,000.00 per organization.

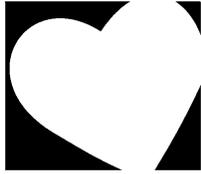
The Curry Health Foundation will not fund the following:

- * Individuals
- * Fundraising activities
- * Ongoing labor or payroll costs
- * Travel
- * Any expense not directly related to healthcare in Curry County
- * Endowments
- * Office equipment, supplies, etc.
- * Debt retirement, operational deficits, financial emergencies, etc.

Information Required:

Eligible organizations are required to submit the following information:

1. A cover letter signed by the person authorizing the grant request.
2. Name, title, telephone number of the contact person
3. Not-for-profit affirmation
4. A narrative proposal describing the applicant organization, the project for which funds are requested, the people to be served, and the number of people affected, and the program life.
5. An explanation of how this project contributes to health care in Curry County.
6. An explanation of how the organization will sustain this project in ensuing years, if applicable.
7. A detailed budget for the project.
8. Can the program succeed with zero or partial funding from the Curry Health Foundation? Please explain.
9. Please supply original plus one copy of the entire application.



Curry Health
FOUNDATION

Grant Application

Name of Agency or Organization: _____

Project/Program Title: _____

Contact Person: _____
Name Telephone

Mailing Address: _____
PO Box/Street City

Street Address: _____
Street City

Confirm Non-Profit Status (ein #): _____

Total Organization Operating Budget Current Year: \$ _____

Budget Year from: _____ **to** _____

Sources of Income for this Project:

Government	_____ %
Individual Contributions	_____ %
Fundraising special events	_____ %
Foundation Grants	_____ %
Other grants	_____ %
Fee based services	_____ %
Other	_____ %
Total	100%

Attachments (3):

1. Outline of proposed project.
2. **Detailed** budget for project/program proposed.
3. Partnering agencies (if applicable) and contact persons.

Signed By: _____

Title: _____

Dated: _____