

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 additional enclosures as needed.

Eligibility:

- Grant applicants are only accepted from not-for-profit organizations and government agencies.
- The Curry Health Foundation Grant Program supports projects, programs, and equipment that are directly related to physical and mental health in Curry County.
- Grant applicants pledge to provide press releases, pictures and personal stories about the grant impacts to the Curry County community, including who benefited and used the program, equipment or project.
- 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 (two projects or programs)

The Curry Health Foundation will not fund the following:

- * Individuals
- * Fund raising 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, email & telephone number of the contact person
3. Not-for-profit affirmation (EIN#)
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 consistent with #8. below.
6. An explanation of how the organization will sustain this project in ensuing years, if applicable.
7. A detailed budget for the project including any ARP funds requested.
8. A detailed plan for press releases about receiving the grant and a second release about how and when the grant is used, who has benefited and personal stories about how the grant has benefited at least one individual or group (no less than two press releases).
9. Can the program succeed with zero or partial funding from the Curry Health Foundation? Please explain the need for this funding.
10. Please supply original plus one copy of the entire application packet to be sent via email, mail or delivered in person.
11. Please note that incomplete applications may not be considered for funding.



Curry Health
FOUNDATION

Grant Application

Grant Applicant: _____

Project/Program Title: _____

Contact Person: _____
Name Telephone

Mailing Address: _____
P.O. Box/Street City

Street Address: _____
Street City

E-mail Address: _____

Confirm Non-Profit Status: _____

Total Organization Operating Budget Current Year: \$ _____

Budget Year from: _____ **to** _____.

Sources of Income assured and applied for:

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

Attachments (3):

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

Signed By: _____

Title/Position Held: _____

Date: _____