Grant Guidelines & Application

Curry Health Foundation

Grants provided by Curry Health Foundation’s focus on growing “Healthy Communities” through support of non-profits serving Curry County.

**Our 2024 grant applications cycle is open from May 1st to May 24th at 5:00pm**.

* We require all applications to be submitted as email attachments to [foundation@curryhealth.org](mailto:foundation@curryhealth.org)
* Late or incomplete application will be rejected.
* Recipients of grant awards will be notified the week of **June 10, 2024**.

Keep grant applications as brief as appropriate to present necessary facts about the applicant’s organization and the project or program funding requested.

## Eligibility

* Grant applications are only accepted from 501(c)(3) non-profits and government agencies with non-profit status.
* All Projects and/or programs pertaining to this application must reflect Curry Health Foundation’s vision of support for “Healthy Communities.”

## Ineligible Expenses Include:

## Support for Individuals

## Annual fund appeals and contributions to endowments.

## Ongoing labor or payroll costs

## Travel

## Office equipment, supplies, etc.

## Debt retirement, operational deficits, financial emergencies

## Amount Requested

* Grants of $500 to $2500 per item, project or program will be considered.
* Organizations can submit no more than 2 grant requests in any single grant cycle.
* Grant awards are limited to a total of $5000 per organization.
* The selection committee may partially fund projects depending on the number of grant applicants or areas of need during the grant cycle.

# Curry Health Foundation

**Grant Application**

Grant Application Window: May 1st – May 24th

**Date**

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| **Organization Name** | |  | | | | |
| Address |  | | | | | |
| City |  | | State |  | ZIP |  |
| Website |  | | Email |  | | |
| Phone # |  | |  |  | | |
| Tax ID # |  | | Tax Status |  | | |
| **Executive Director or Board Chair** | | | | | | |
| First Name |  | | | Last Name |  | |
| Title |  | | | Email |  | |
| **Contact Person** (*only if different from above)* | | | | | | |
| First Name |  | | | Last Name |  | |
| Title |  | | | Email |  | |
| **Provide a Brief Description of Your Organization** | | | | | | |
|  | | | | | | |

**Application Questions**

**Project Description**

Briefly describe the project:

Include information about the population served

Explain how the project relates to the Curry Health Foundation’s focus on supporting “Healthy Communities.”

**What is the Project Timeline**

**How does this project relate to your mission as an organization?**

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| **Item Description** | **Cost** | **Amount from CHF** |
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| **Total** |  |  |

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| **Description and Source** | **Dollar Value** | **Is this funding *in-kind*, *volunteer* or *cash*?** | **Is this funding *secured*, *pending*, or *planned*?** |
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| **Total** |  |  |  |

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| **Budget** | **Total project budget** |  | **Total amount requested from CHF** |  |
| **Provide a budget for the project using the following template.**  (You may include this as an excel attachment if you would prefer) | **Project Expenses**   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Project Revenue**  If something requires additional explanation, please add it here. | | | |

*I certify that the information provided is correct and that I am authorized by the governing board of this organization to submit this information to CHF. Additionally, I certify that* ***(1)*** *this organization is in good standing under IRC 501(c)(3) and is further classified as a public charity pursuant to section 509(a)(1) or 509(a)(2) OR* ***(2)*** *this organization qualifies for tax exempt status as a public school or government agency.*

|  |  |  |
| --- | --- | --- |
| Name of head of organization (printed) |  | Title |
| Name head of organization (signature) |  | Date |

**Required Materials: All applications should be submitted by email to** [**foundation@curryhealth.org**](mailto:foundation@curryhealth.org)

 Completed Application Form

Detailed budget for project/program proposed that shows revenue and expenses for this project.



**All applications must be submitted via email to:**

[foundation@curryhealth.org](mailto:foundation@curryhealth.org)

**Questions?** Email [foundation@curryhealth.org](mailto:foundation@curryhealth.org)

Or call: 541-247-3189