**Project Title:** [Insert Project Title]

**Organization Information:**

1. Name of Organization:
2. Executive Director/CEO:
3. Address:
4. Grant Contact Person:
5. Phone Number:
6. Email:
7. Website (if applicable):
8. Tax ID Number:
9. Organization's 501(c)(3) Documentation Attached: [Yes/No]
10. Mission Statement:

**Project Overview:**

1. **Project Summary:**
2. **Target Population:**
   1. How many individuals do you plan to impact or engage with the project/program?
   2. What is the geographic service area being served, such as neighborhood, county-wide, etc.?
   3. How does the project align with the goals outlined by the Self Regional Community Health Committee?

* Goal 1: Increase the treatment, prevention, and early detection of diseases and conditions that significantly impact Self Regional’s service area.
* Goal 2: Proactively promote healthy lifestyles and reduce the prevalence of conditions associated with unhealthy lifestyles, such as obesity, cardiovascular disease, drug and alcohol abuse, tobacco use, teen pregnancy, and child abuse/neglect.
* Goal 3: Address the Social Determinants of Health based on Self Regional Healthcare's organizational efforts and its most recent Community Health Needs Assessment (CHNA).
  1. If your program was specifically designed to serve a certain population, please indicate below:
* Race/Ethnicity
  + American Indian or Alaska Native
  + Asian
  + Black or African American
  + Hispanic or Latino
  + Native Hawaiian or Other Pacific Islander
  + White, non-Hispanic
  + Other
* Gender
  + Female
  + Male
* Age Group
  + Children - Preschool (0 - 4 yrs)
  + Children - Elementary School (5 - 10 yrs)
  + Youth - Middle School (11 - 13 yrs)
  + Youth - High School (14 - 17 yrs)
  + Young Adult/College (18 - 22 yrs)
  + Adult (23 - 59 yrs)
  + Senior (60+ yrs)
  + Not Age Specific

1. Expected Impact on the Community:

**Implementation Plan:**

1. Detailed Plan of Action:
2. Timeline for Project Implementation:
3. Community Partnerships Involved in the Project:
4. What results are you committed to achieving during the grant period? How will you know if you are successful? Please describe how the project will impact the result.

**Funding Details:**

1. Total Amount Requested:
2. Project Budget (attachment 1)
3. Other Sources of Funding Identified:

**Grant Criteria Compliance:**

1. **Submission of Required Documentation** (W-9, Organizational Annual Operating Budget, Project Budget, Financial Statements): [Yes/No]

**Additional Information:**

1. How will the project be sustained beyond the funding period?
2. Any additional information you would like to provide in support of your application:

**Declaration:**

I, the undersigned, certify that the information provided in this application is accurate to the best of my knowledge. I understand that any false information provided may result in the rejection of this application.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT 1: BUDGET WORKSHEET**

|  |  |
| --- | --- |
| **Category** | **Cost or Revenue** |
| Revenue: |  |
| Grant Requested | +$ |
| Other Funding Sources | +$ |
| Total Revenue | +$ |
| Expenses: |  |
| Personnel | -$ |
| Equipment | -$ |
| Supplies | -$ |
| Travel | -$ |
| Training | -$ |
| Other Expenses | -$ |
| Total Project Cost | -$ |
| Total Funding Secured | $ |
| Funding Gap | $ |

Notes:

1. For revenue, make sure to include the grant amount requested from the Self Regional Community Health Committee and any other identified funding sources.

2. For expenses, provide detailed information for each category to give a clear breakdown of the project's costs. You can add more rows to the 'Expenses' section if needed, based on the specific requirements of your project.

3. Attach other relevant financial documents to your application (W-9, Most recent tax return, Financial statements)

This comprehensive template will help you present a detailed budget overview for your proposed project, allowing the Self Regional Community Health Committee to gain a clear understanding of the financial aspects of your initiative.