

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:

I. PROJECT OVERVIEW: (Limit 500 words)

Project Summary/Description:

- Provide a detailed summary of the project including the need(s) it will address.
Include relevant data.

Target Population:

- How many individuals do you plan to impact or engage with the project/program?
- What is the geographic service area being served, such as neighborhood, county-wide, etc.?
- If your program was specifically designed to serve a certain population, please indicate:
 - **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

II. GOALS & OBJECTIVES: (Limit 500 words)

List the goals and objectives of the project: (Limit 5)

How do the project goals align with the goals outlined by the Self Regional Community Health Committee? (Limit 500 words)

- **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, etc.
- **Goal 3:** Address the Social Determinants of Health (SDOH) based on Self Regional Healthcare's organizational efforts and its most recent Community Health Needs Assessment (CHNA).

III. ACTIVITIES & OUTPUTS: (Limit 500 words)

- Describe the proposed activities conducted and their outputs. Include quantitative data where applicable.
- Include a detailed plan of action, timeline for project implementation and community partnerships involved in the project.

IV. OUTCOMES AND IMPACT: (Limit 500 words)

- Describe the outcomes and impact of the project. Include both quantitative and qualitative data.
 - *What expected community impact or results are you committed to achieving during the grant period? How will you know if you are successful?*

V. BUDGET AND FINANCIAL REPORT

Funding Details:

- Total Amount Requested:
- Project Budget (Attachment 1)
- Other Sources of Funding Identified:

Grant Criteria Compliance:

- **Submission of Required Documentation** (W-9, Organizational Annual Operating Budget, Project Budget, Financial Statements): ☐ Yes ☐ No

VI. SUSTAINABILITY (Limit 500 words)

- How will the project be sustained beyond the funding period?

VII. ADDITIONAL INFORMATION: (Limit 500 words)

- Provide additional information you would like to provide in support of your application (optional)
 - Include any supplementary materials or documentation as attachments.

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	\$

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

NOTES: