



GCCHD
GREENE COUNTY COMBINED HEALTH DISTRICT
GCHF
GREENE COMMUNITY HEALTH FOUNDATION

Mark A. McDonnell, RS, MS, Health Commissioner
Sara T. Pappa, Director Health Education/Development

2012 GRANT APPLICATION (for projects in Greene County, OH)

The mission of the Greene Community Health Foundation is to improve the health and wellness of Greene County residents. By raising funds and participating in community outreach opportunities, the Foundation can touch the lives of those that need assistance or services. The Foundation serves as a valuable resource to Greene County residents and continues to touch the lives of many children and adults. With generous support from the community, the Foundation can continue to make a difference every day.

The Greene Community Health Foundation is pleased to offer five (5) to ten (10) community grants, up to \$1,000.00 each as funds allow, to help support Greene County, Ohio, programs that focus on the following:

- Youth involvement;
- Promote healthy lifestyles;
- Address a current public health issue;
- Provide crucial information to allow individuals to practice disease prevention;
- Showcase the resources for, and providers of, grass-roots health care and information;
- Gain additional support for the on-going efforts to improve health year-round; and
- Increase the opportunity to collaborate with other Greene County resources.

Review Criteria:

The Greene Community Health Foundation will make the final determination of grants funded. Applications will be reviewed using the application guidelines and instructions. The review process is competitive and will be based on the following criteria:

- Organization/group is based in Greene County;
- Compliance with application guidelines and requirements;
- The extent to which the program addresses priorities as listed above;
- Appropriateness of the proposed budget;
- Measurable and appropriate objectives and strategies;
- Successful presentation to grants review committee;
- Application is complete, typed and neat.

Notification:

If funding is awarded, applicants will be notified by mail/email no later than April 13, 2012.

Reporting Requirements:

Funded applicants are required to (1) submit a written program evaluation (including an expense report) by January 18, 2013; and (2) present project outcomes to the Foundation Board on Feb. 7, 2013.

Timeline:

March 16, 2012	Application Due Date (post-marked)
April 13, 2012	Grant Award Announcement
April 16, 2012 – Dec. 2012	Implementation of Activities
January 18, 2013	Written program evaluation report due
February 7, 2013	Board presentation due at Foundation meeting

Section One – Cover Page/Organization Data

Applicant/Organization (if applicant is a youth-led group, please list an adult advisor of the project):

Street Address:

City: State: Zip: County:

E-mail: Web site:

Phone: () Fax: ()

IRS Name (if applicable), as listed on 501(c)(3) letter:

IRS letter date: Tax Exempt ID number (EIN):

Executive Director: Direct Phone: ()

Organization's Budget: \$

Organization's Major Funding Sources:

Brief Description of Project

Program/Project Title:

Amount of this request: \$ Total Budget for this Program/Project: \$

Proposal contact person information:

Name:

Title: Phone: () Fax: ()

E-mail:

Community/Communities to be served by this Program/Project:

Projected number of people to be served by Program/Project:

Brief demographic description of population served by this Program/Project:

Signature of Applicant:

Printed Name:

Date:

Signature of adult advisor (if applicable):

Printed Name:

Date:

Section Two – Narrative: *The narrative cannot exceed 6 pages. Responses must be typed, double-spaced, have a 1.0 inch margin and use a 12-point, Times New Roman font.*

1. Give a brief summary of organization’s history/mission (include who will be implementing the project):
2. Describe the need the proposed project is attempting to meet and evidence of that need (include specific information if the project is already being implemented in Greene County):
3. Describe the program/project, including:
 - Activities to accomplish programs/project (Is this a new or ongoing activity?)
 - Goals/objectives
 - Timetable for implementation
 - Duration of program/project
4. How will success be defined and measured, for example what are the short term, intermediate and/or long term outcomes? How will the project be evaluated?
5. List other anticipated funding including:
 - Earned revenue
 - In-kind support
 - Special events, etc.

Unallowable Costs:

The Greene Community Health Foundation funds cannot be used for:

1. Salaries
2. Equipment
3. Capital improvements
4. Rent or utility payments
5. Debt payments
6. Illegal activities
7. Campaign contributions
8. Lobbying
9. Individuals applying on their own
10. Other costs deemed inappropriate by the review committee.

