



# Wyoming County Community Health Foundation (WCCHF) Grant Application

*Version 6 (Aug 2018)*

**Before completing the grant application, be sure to:**

- Read all instructions thoroughly before beginning
- **Be thorough.** Do not skip questions unless they in no way apply to your request. Avoid repetition of ideas.
- **Be concise, yet informative in your proposal.** Writing a clean, understandable narrative is key.

Grant Applications will be reviewed by WCCHF at its regularly scheduled meetings. Deadlines for grant applications will be March 31st and September 30th of each year. A funding decision will be made approximately 1-2 weeks from the review meeting date, unless additional information is needed to evaluate the application. Funds will be made available within 4 months of the funding decision. Due to the Foundation's desire to fund as many worthwhile programs as possible, requests for capital improvements will not be considered at this time. Please note, our Foundation is 'temporarily' limiting grants to no more than \$5,000.

Please send your completed Application to:

**Wyoming County Community Health Foundation**  
**5954 SR 6**  
**Tunkhannock, PA 18657**  
  
**Phone 570-996-1645**  
**Fax 570-836-4569**

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# WCCHF Grant Application Cover Sheet

Name of Organization \_\_\_\_\_

Legal Name (as designated on 501c3) \_\_\_\_\_  
(if different than above)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail \_\_\_\_\_ Website: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Current Board President: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
(if different than above)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(if different than above)

IRS 501(c)(3) Nonprofit?

Yes

No

Federal ID # \_\_\_\_\_

Type of Grant Requested:

Capital Equipment

Program/Project

Other: \_\_\_\_\_

Name of Program/Project: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Total Program/Project Budget: \_\_\_\_\_ Duration of grant requested: \_\_\_\_\_

**State your organization's mission:**

**Briefly summarize the proposal:**

**Have you previously applied to WCCHF?**

- Yes
- No

**Is this request being submitted exclusively to WCCHF?**

- Yes
- No

**List the proposal's target population, constituents, and geographic communities:**

### **AGREEMENT**

*I certify, to the best of my knowledge, that all information included in this proposal is correct. The tax-exempt status of this organization is still in effect. If a grant is awarded to this organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.*

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

# PROPOSAL NARRATIVE

The following outline is a guide. Be succinct and clear. Proposal Narrative should be two pages maximum, and should provide the information listed below in this order:

## Organizational Background and Information:

- Give a brief summary of your organization's history

## Purpose of Grant:

- **For Specific Project or Program Requests:**
  - What wellness or health care need(s) does project address? What makes it important?
  - How many people do you expect to serve?
  - How are you partnering with other community resources?
  - Can you give references to show that your chosen method has been shown to be effective?
  - What are the credentials and experience of key individuals carrying out the project?



## FINAL CHECKLIST

### Be sure your application includes:

- A brief introductory cover letter on organization's letterhead signed by the Executive Director or Chair of the Board
- A completed WCCHF Grant Application Cover Sheet with contact information
- A completed Grant Proposal Narrative not exceeding 2 typed pages (excluding attachments)
- An itemized budget, listing income and expenses, for this specific grant
- One-paragraph descriptions of key staff and their relevant qualifications

**If you have questions regarding specific information to be included with your application, please contact:**

**Shealynn Shave  
Foundation Assistant  
Wyoming County Community Health Foundation  
5954 SR 6  
Tunkhannock, PA 18657**

**Phone 570-996-1645  
Fax 570-836-4569**

# WCCHF Grant Report Form Cover Sheet

The Grant Report is due to WCCHF by 60 days after completion of the project.

Grant Number: \_\_\_\_\_ Date Grant Received: \_\_\_\_\_

Amount Granted: \_\_\_\_\_ Grant Period \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

**ORGANIZATION NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_  
(if different than above)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Name: \_\_\_\_\_

**Type of Grant Received:**

- Capital Equipment
- Program/Project

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

## **Grant Report Form**

### **Grant Reporting Narrative**

#### **Results**

- List the original goals and objectives of this grant. Were these goals met? What impact did this grant have on your organization, community and the specific population served?
- In what ways did the actual project vary from your initial project plans?

#### **Lessons Learned**

- What are the most significant results gained from this project, both relative to your organization and the audience you serve?
- What are the most important lessons your organization has learned from this project?