



Health & Wellness
Foundation

Application Guidelines for Grant Proposals

Application Deadlines:

January 2, April 1, July 1, October 1

Grant Requirements:

- Proposals must promote wellness and help extend health care, medical and educational services and opportunities to the residents of Summit and contiguous counties

General Guidelines:

- Support is awarded for one year at a time.
- Support for any one program will be for a maximum of three years
- New projects, with a plan for continuation beyond the Foundations support, are of interest
- Projects should demonstrate a direct benefit to the client
- One-time equipment purchases which help diagnose, treat or assist clients will be reviewed
- Requests should be between \$2,000 and \$15,000
- Funding preference is given to activities within southern Summit County

Generally, grants are not given to:

- Projects outside of the defined giving area noted above
- Individuals
- Fund on-going operating expenses
- Fund debt-reductions, deficits or previous obligations
- Fund annual fund raising drives or fund raising activities
- Fund political projects, sabbatical leaves or scholarly research
- Fund venture capital for competitive profit-making activities
- Religious organizations for religious purposes
- Endowments
- Capital campaigns

Proposal Checklist:

1. Submit a **total of 10 copies** of cover sheet and narrative pages, and, if applicable, organization history page.
2. Submit **ONE copy each** – most recent annual report; financial statements from your most recently completed fiscal year, whether audited or unaudited and a list of board members.

Grant Application Form

Name of Organization:

Full Mailing Address:

Program Contact and Title:

Telephone:

Email:

EIN Number:

501(c)3 Organization? Yes No

Project Overview

Project Title:

Start Date:

End Date:

Amount Requested:

Total Project Budget:

Summary Briefly give a very general overview of your grant request/project (**3 sentences max**)

Project Objectives and Measurement of Results

List up to 3 project objectives (**must include how you will measure project results**)

1.

2.

3.



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Project Budget

Revenue	Amount	Secured?	Expenses	Amount	Requested of Tuscora Park
Tuscora Park			Salaries / Benefits		
Fees for Service			Contracted Services		
Membership Dues			Supplies / Equipment		
In-kind			In-kind expenditures		
Other Funders (list)			Advertising		
			Printing		
			Other (list)		
Total			Total		



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Project Narrative

Describe the population to be served and how they will benefit from this project. What do you expect to happen as a result of this grant? How will you measure your results? How will you fund this program in the future?



Organizational Background

If this is your first application to the Foundation, **or** if it has been more than five years since you last applied to the Foundation, please supply your organizational background in the space allotted (1 page) and attach an Organizational Chart and Board List.

History • Service Area • Major Services Provided to the Community • Other funders



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Organizational Chart and Board List

(attach with separate pages)



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