

# Responsive Grants Program Application - FALL 2016 Grant Cycle

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## *Sisters Health Foundation*

### **Project Name\***

Please create a concise name for your project. This name will be utilized throughout all stages of the grant process.

*Character Limit: 100*

### **Priority Area\***

Click [here](#) for a description of our priority areas.

#### **Choices**

Health Equity

Healthy Lifestyles

Oral Health

\*Emerging Issues (Please do not check this item; for internal purposes only)

### **Grant Request Amount\***

*Character Limit: 20*

### **Total Project Cost\***

*Character Limit: 20*

### **Annual Organization Budget\***

*Character Limit: 20*

### **Use of Funds\***

SHF grant funds will specifically be used for...

*Character Limit: 500*

### **Primary Type of Grant Request\***

Please select the main type of support you are seeking. Click [here](#) for more information about the different types of support.

#### **Choices**

Project/program specific

Equipment or technology

Capacity building

Capital/building/renovation

General purpose/operating

### **If Applicable, Secondary Type of Grant Request**

If applicable, please select the secondary type of support you are seeking.

#### **Choices**

Project/program specific  
 Equipment or technology  
 Capacity building  
 Capital/building/renovation  
 General purpose/operating

### **Primary County Served by Project (Select one county)\***

Please select the primary county that will be served by the project.

#### **Choices**

Athens County, OH  
 Meigs County, OH  
 Washington County, OH  
 Calhoun County, WV  
 Jackson County, WV  
 Pleasants County, WV  
 Ritchie County, WV  
 Roane County, WV  
 Tyler County, WV  
 Wirt County, WV  
 Wood County, WV

### **Geographic Area Served by Project (Select County/Counties)\***

Please select **all** counties that your project will serve. This information is used for internal reporting purposes so it is fine if you only serve one county in our geographic area.

#### **Choices**

Athens County, OH  
 Meigs County, OH  
 Washington County, OH  
 Calhoun County, WV  
 Jackson County, WV  
 Pleasants County, WV  
 Ritchie County, WV  
 Roane County, WV  
 Tyler County, WV  
 Wirt County, WV  
 Wood County, WV

### **Additional Information - Geographic Area Served by Project\***

If your project will serve counties outside of our geographic service area, please list the geographic area that will also be served.

*Character Limit: 200*

### **Target Population Served by Project\***

Briefly list the population groups served by the project.

*Character Limit: 600*

**Brief description of organization's principle work and activities\***

*Character Limit: 600*

**Tax Status\*****Choices**

501(c)(3)

Church

Government Agency

NA

**Fiscal Agent Organization Name**

If you selected NA in the question above, please indicate your fiscal agent for this request.

*Character Limit: 100*

**Fiscal Agent EIN/Tax Identification Number**

*Character Limit: 25*

**Fiscal Agent Mailing Address**

*Character Limit: 100*

**Fiscal Agent Contact Name**

*Character Limit: 100*

**Fiscal Agent Phone Number**

*Character Limit: 50*

**Fiscal Agent Email Address**

*Character Limit: 100*

## *Narrative*

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**If you have any additional technical questions about using the online application form, please contact Leslie Bremar at [lbremar@sistershealthfdn.org](mailto:lbremar@sistershealthfdn.org) or 304-424-6080, ext. 104. For all other questions, contact Sr. Molly Bauer, Program Officer, at [mbauer@sistershealthfdn.org](mailto:mbauer@sistershealthfdn.org) or 304-424-6080 ext. 103.**

**Please note the character limit for each question. This is a limit, not a requirement. Characters include all letters, punctuation marks, and spaces. You are encouraged to copy and paste your responses from a Word document into the boxes below. Please run spell check before copying and pasting.**

**It is a good practice to save your work every 20 minutes and after completing an application question. To save your work, click the 'Save as Draft' button at the bottom of**

**the page. After saving your work, you will be directed to a new page where you can click 'Continue' to proceed with your application.**

### **1. Health/Wellness Issue\***

Provide a summary of what you are proposing to do to address a specific health/wellness issue as it relates to oral health, healthy lifestyles, or health equity. Why is your organization well-suited to undertake this project?

*Character Limit: 2000*

### **2. Time Frame\***

Explain the proposed time frame for the project.

*Character Limit: 2000*

### **3. Project Budget\***

Explain your project budget, in narrative form, and name other sources of revenue/support that you will be seeking, if any (e.g. grants, in-kind support, collaborative support). A formal budget is not needed at this point in the application process.

*Character Limit: 2000*

### **4. Outcomes and Sustainability\***

What do you plan to accomplish as a result of this project (outcomes)? What are your plans to sustain this project after it is completed?

*Character Limit: 2000*

**Reminder: To print a copy of your draft application at any time, click on 'Application Packet' at the top of this page.**

**To view and print your application immediately after submission, click on 'Dashboard' after you press the 'Submit' button. On the Dashboard page, click 'View Application,' and at the top of the page, click 'Application Packet.'**