

# Basic Needs/Direct Service Grant 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*

### **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 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

## *Narrative*

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**If you have any technical questions about using the online application form, please contact Leslie Breinar at [lbreinar@sistershealthfdn.org](mailto:lbreinar@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 characters. You are encouraged to copy and paste your responses from a Word document into the boxes below. Please run spell check in Word 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. Documented Need\*

What is the documented need for this proposal?

*Character Limit: 1500*

### 2. Project Description\*

What are you proposing to do?

*Character Limit: 2000*

### 3. Mission\*

How does this project advance your larger mission?

*Character Limit: 1500*

### 4. Rationale and Benefits\*

Why is this project being proposed? What benefits will be provided and for whom?

*Character Limit: 1500*

### 5. Location\*

Where will this take place?

*Character Limit: 1500*

### 6. People Involved\*

Who will participate in the project? Who will organize/oversee the activities?

*Character Limit: 1500*

### 7. Approach\*

Is the project's approach practical? How are the chances of the project being helpful being maximized?

*Character Limit: 1500*

## Budget Information

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### Budget\*

**Please note that using the provided budget template below is required.**

Click [here](#) to access and complete the budget template for the proposed program. When finished entering numbers into the template, click '**Save As**' to save the document to your computer. Saving the document to your computer's desktop is recommended so that you can easily find the document to upload. After saving, click the '**Browse**' button below to find the document you just saved. After you have selected the correct document, click '**Open**' to upload the document into the online system and then click '**Save as Draft**' at the bottom of the application page to ensure your document is successfully uploaded.

If you have difficulty entering numbers into the form, click [here](#) to update your free Adobe Reader.

*File Size Limit: 5 MB*

### **Budget Narrative\***

Based on the budget you submitted above, please provide additional information and explanation for each expense line item.

*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.'**