

Responsive Grants Program Application - Fall 2018 Grant Cycle

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 Number

Grant Number

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

Primary Target Population Served by Project

Choices

Adolescents
Adults
Aging/elderly/senior citizens
Boys
Children
Crime/abuse victims
Economically disadvantaged
General public-community
Girls
Homeless
Infants/toddlers
Men
Minorities
People dealing with mental health issues
People with chronic health problems
People with disabilities
People with terminal illness
Substance users
Women
Young Adults

Secondary Target Population Served by Project

Choices

Adolescents
Adults
Aging/elderly/senior citizens
Boys
Children
Crime/abuse victims
Economically disadvantaged
General public-community
Girls
Homeless
Infants/toddlers
Men
Minorities
People dealing with mental health issues
People with chronic health problems
People with disabilities
People with terminal illness
Substance users

Women
Young Adults

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

Grant Program

Choices

Basic Needs/Direct Service
Collaborative
Discretionary
Responsive
Sponsorship/Association

Is this organization new to SHF

Choices

Yes
No

Staff Person Responsible

Choices

MB
RS
SS
N/A

Narrative

If you have any additional technical questions about using the online application form, please contact Shei Sanchez at ssanchez@sistershealthfdn.org or 304-424-6080 ext. 101. For all other questions, contact Sr. Molly Bauer, Program Officer, at 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. Budget*

In narrative form, explain the budget related to your request 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 view and/or print a PDF copy of your draft letter of inquiry prior to pressing 'Submit,' click on 'LOI Packet' at the top of this page.

To view and print your letter of inquiry immediately after pressing 'Submit,' go to the 'Dashboard' and click 'View LOI.' At the top of the page, click 'LOI Packet.'