

Basic Needs/Direct Service Grant Program Application - Fall 2019 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 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: 100

Fiscal Agent Mailing Address

Character Limit: 100

Fiscal Agent Contact Name

Character Limit: 100

Fiscal Agent Phone Number

Character Limit: 100

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 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 characters. You are encouraged to copy

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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

Reminder: To view and/or print a PDF copy of your draft application prior to pressing 'Submit,' click on 'Application Packet' at the top of this page.

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

Budget Information

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. Open the template from your computer's Downloads folder, complete it, and click '**Save As**' to save the document to your computer. Saving the document to your desktop is recommended so that you can easily find the document. Click the "**Upload a file**" button below and select the saved 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.

To prevent the template from appearing blank after being uploaded, please ensure that your computer opens PDF files in the Adobe Acrobat program and not in your Internet browser. Click here for more information.

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

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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.'