

# Basic Needs/Direct Service Grant Program Application - Fall 2020 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 Number**

Grant Number

*Character Limit: 100*

### **Priority Area**

Click here for a description of our priority areas.

#### **Choices**

Healthy Eating, Active Living

Mental Health and Addiction

Thriving Neighborhoods

\*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 dealing with substance use disorder  
People with chronic health problems  
People with disabilities  
People with terminal illness  
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 dealing with substance use disorder  
People with chronic health problems  
People with disabilities  
People with terminal illness  
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 Sponsor Organization Name

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

*Character Limit: 100*

### **Fiscal Sponsor EIN/Tax Identification Number**

*Character Limit: 100*

### **Fiscal Sponsor Mailing Address**

*Character Limit: 100*

### **Fiscal Sponsor Contact Person's Name**

*Character Limit: 100*

### **Fiscal Sponsor Phone Number**

*Character Limit: 100*

### **Fiscal Sponsor 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*

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**If you have any technical questions about using the online application form, please contact Shei Sanchez at [ssanchez@sistershealthfdn.org](mailto:ssanchez@sistershealthfdn.org) or 304-424-6080, ext. 101. 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*

**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*

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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. 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*

**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.'**