

Basic Needs/Direct Service Grant Program Application - Fall 2021 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 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 principal 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

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 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 can the project being helpful be 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.

To access the budget template, click on this link: [budget template](#). A file should show up as a tab on your web browser. Download this form by clicking on the "down arrow" in the top right corner. 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. Click the "**Upload a file**" button and select the saved document, then '**Open**' to upload the document into the online system. Click '**Save as Draft**' at the bottom of the application page.

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.'