

# Responsive Grants Program - Spring 2024 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*

### **Priority Area\***

Click here for a description of our priority areas. Please choose the priority area that best fits your request.

#### **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: 650*

### **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*

## 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

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: 25*

## Fiscal Sponsor Mailing Address

*Character Limit: 100*

## Fiscal Sponsor Contact Person's Name

*Character Limit: 100*

## Fiscal Sponsor Phone Number

*Character Limit: 50*

## Fiscal Sponsor Email Address

*Character Limit: 100*

## *Narrative*

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If you have any additional 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 Marian Clowes, Associate Director, at [mclowes@sistershealthfdn.org](mailto:mclowes@sistershealthfdn.org) or 304-424-6080 ext. 104.

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 the priority area selected (healthy eating, active living; mental health and addiction; or thriving neighborhoods). Why is your organization well-suited to undertake this project?

*Character Limit: 2200*

### 2. Time Frame\*

Explain the proposed time frame for the project.

*Character Limit: 2200*

### 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: 2200*

### 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: 2200*

**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.'**

## *Additional Information*

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### Optional Information

If you would like to share other information, please use the button to upload any document (eg price quote, photo) that may enhance and illustrate your request further.

*File Size Limit: 3 MB*