

Greater North Clark Healthcare Foundation (Foundation)  
Proposal Application

The FOUNDATION awards grants for the purpose of health improvement, health promotion and health education in order to direct benefit the residents of north Clark County (except Jeffersonville and Utica Township).

Deadlines: March 1, July 1 and November 1.

Funding Limits: \$5000

Eligible Applicants: 501(c)3 non-profits, schools, health agencies, faith based organizations, service organizations and some for profit health organizations.

Does Not Fund: Individuals

Previously funded applicants that have not provided requested reports

Organizations that are in poor or unacceptable status with Secretary of State

Organizations that have filed bankruptcy

Organizations who submit incomplete applications

Where to submit: Only electronic applications will be accepted; email complete application with attachments to: [karen.robinson@louisville.edu](mailto:karen.robinson@louisville.edu) cc [laurenahall@yahoo.com](mailto:laurenahall@yahoo.com)

Review Process: All complete applications will be emailed to the FOUNDATION's Grant Committee for review at their regularly scheduled immediately preceding the FOUNDATION's quarterly meeting.

Notification: Applicants will be notified via email within one week of the quarterly meeting.

CONTACT: Grants Committee Chair, [laurenahall@yahoo.com](mailto:laurenahall@yahoo.com), for questions prior to submission  
All decisions of the committee are final. Applicants are encouraged to verify that the proposed topic is appropriate for the FOUNDATION prior to submitting an application.  
Thank you for your interest in health improvement.

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Applicant Name	
Applicant Address	
Website, if any	
FEIN (Federal Employee Identification Number)	
Contact Name	
Role with Applicant	
Phone	
Email	
Payment:	Should the check be sent to the above contact? ___ Yes ___ NO
If NO, where:	
Previous grants	___ Yes, the applicant has received previous funding from the FOUNDATION ___ No, the applicant has NOT received previous funding from the FOUNDATION
Reports submitted	___ Yes, the applicant has submitted all requested reports for previous funding. ___ No, the applicant has NOT submitted all requested reports for previous funding.  The FOUNDATION will not fund any entity that has not submitted all requested reports and that is in poor standing based upon the reports received. This period shall be two years. Poor reports are those reports that are incomplete and/or not received in a timely manner.
Proposal Title:	

Give your proposal a title that describes or reflects the request for funding. For example, if this to purchase health education materials for ABC Health Fair, the title should be Diabetes Education Materials for distribution at the ABC Health Fair as opposed to, the title being ABC Health Fair.

Requested funds needed by:	
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Example: June 1, 2013, Fall 2013 Semester, 2013-14 Academic Year

Amount Requested	\$
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**FND will award no more than \$5000 in a twelve month period to any entity.**

Matching Funds	If these funds will be used as part of a match request, evidence of the match must be submitted with the request such as who will match the funds, how much, what time frame, etc. A letter or letters of the match must be included with the application.
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	<input type="checkbox"/> Yes, this is match request and letter(s) to document the match are attached <input type="checkbox"/> No, this is not a match request.
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The remainder of this application addresses the proposed work, target population, staff, evaluation, advertisement, and budget. Provide details so that the committee will fully understand this request. This section is limited to two pages.

Answer the following questions.

1. What is the purpose of this proposal? State what you plan to accomplish.
2. Where will the work be performed? Funds will not be released until an address or location is identified.
3. Who is your target audience? (Newly diagnosed diabetics, 5<sup>th</sup> grade students at ABC School)
4. What are the outcomes? (500 people adults in northern Clark County will receive diabetes education)
5. Who will perform the work? What is their experience or qualification? When will the work be performed? What equipment will be purchased etc.
6. What is the evaluation plan? How will you know that you have accomplished what you proposed? (Participants will be evaluated on diabetes warning signs; students will be tested....)
7. How will you advertise the program? How will you advertise or acknowledge the FOUNDATION's support of this award? The FOUNDATION requests that its logo or name be included on printed materials related to the grant.

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<b>BUDGET</b>	<b>Amount Requested of FOUNDATION</b>	<b>Amount Funded by Others List below*</b>	<b>Total</b>
Personnel, list			
Ex. Jane Doe, RN	\$375	\$375	\$750
Supplies, List			
Ex. Diabetes Pamphlets	\$465	\$0	465
Equipment			
Ex Wheel chair	\$1500	0	\$1500
<b>Program Totals</b>	<b>\$840</b>	<b>\$ 375</b>	<b>\$1215</b>

\*Other sources of funding for this proposal: \_\_\_\_\_

<b>Budget Justification</b>			
Personnel	Hourly rate with Benefits	Total # of Hours	Total Expense
Ex. Jane Doe, RN	\$37.50	20	\$750
			0
Supplies	Cost per item	# of Items	0
Ex. ETR pamphlets	2	100	200
ADA pamphlets	2.65	100	265
			0
Equipment			
Ex.			
		<b>Justification Total</b>	<b>\$1215</b>

Program and Justification Totals should be the same.

Funds are to be spent within the grant period. Funds not expended are to be returned to the FOUNDATION within 30 days of the end of the program. The FOUNDATION requires receipts for all purchases and expenditures to be sent to the FOUNDATION's Post Office Box within 30 days of the end of the program. Funds must be sent within the categories as requested. Funds spent outside of the requested purpose will be refunded to the FOUNDATION and the applicant will not be eligible for FOUNDATION funding for two years. The following address is to be used for return of funds:

Greater North Clark Heath Foundation  
P. O. Box 232  
Charlestown, IN 47111-0097