



HEALTH AND WELLNESS
FOUNDATION
OF PIKE COUNTY



Healthy Community Grant

*Application and Funding
Guidelines*

The Healthy Community Grant

Through the Healthy Community Competitive Grant, the Health and Wellness Foundation of Pike County (HWFPC) invites proposals from not-for-profit entities which are in alignment with the Foundation's mission of: assisting organizations and initiatives that positively influence the physical, mental, emotional, and social health of those seeking services in Pike County.

Grant Awards

The Healthy Community Grant awards projects with a budget up to **\$7500.00 in a twelve-month** funding cycle and typically do not exceed one year. Applications for this grant be accepted in June annually with grant recipients announced in October.

Projects exceeding \$7500 annually, should apply to the Health Catalyst Grant. Applications may be obtained by contacting the Foundation office at 217-285-6080 or ichcf@aol.com.

Deadline

Completed grant applications are due at the Foundation office by mail no later than August 01 annually. Completed applications should be mailed to the HWFPC office. Hand delivered applications will ONLY be accepted with prior arrangement

Questions

For more information or questions about any of the requested information, please contact the Foundation office at 217-285-6080 or ichcf@aol.com.

HWFPC Scope of Interest

The scope of HWFPC's interest was encompasses initiating and aligning health programs, supporting creative collaborations, capacity building, reducing duplication of services, and advancing programs or services that positively impact the health and wellness of Pike County. We seek to impact the health status of Pike County, Illinois in the following ways:

- Improving lives through better health care, through projects that engage in disease prevention, treatment, and patient education.
- Enriching lives through healthier communities, funding organizations that offer health care and human services programs, or those that help support a higher state of wellness.
- Empowering lives through better education, through programs that improve access to comprehensive and accurate health education resources and learning opportunities.
- Addressing health concerns or disparities that have been identified as critical to the population in Pike County, IL.

Grant Guidelines

Funding Focus and Scope of Interest

HWFPC invests in projects that are capable of addressing Pike County's most pressing health needs and have the greatest impact on the health status. Among the numerous areas eligible for funding, the following priorities of concern have been identified:

- ▶ Obesity, nutrition and exercise
- ▶ Childhood health
- ▶ Mental/behavioral health
- ▶ Substance abuse
- ▶ Oral health and access to dental care
- ▶ Quality of life, including access to food, shelter, and basic health care
- ▶ Prevention and wellness
- ▶ Access to services and health care
- ▶ Health education
- ▶ Capacity building
- ▶ Others as identified

Eligibility

Applicant eligibility is based on the ability to meet the following criteria:

- Project is consistent with HWFPC's mission and benefits the health/wellness of Pike County, IL.
- Tax-exempt 501(c)(3) organization, operates under a 501(c)(3) Fiscal Agent, a school, governmental, or public entity.
- New or existing program
- May be based outside of Pike County, but must provide services within Pike Co., IL.
- Organization previously funded by HWFPC.

HWFPC does not fund:

- Individuals
- Religious organizations, or clubs
- Expenses already incurred
- Annual or capital campaigns
- Political campaigns or lobbying

Application and Submission

- Provide one complete original and one complete copy of the Grant Application.
- No more than ten pages, printed on 8 1/2" x 11" paper, single sided, 12 pt. font. Attachments are not counted as part of the overall response limit.
- Do not include materials not specifically requested including videos, brochures, or other materials.

Mailing Address

Patricia McIntosh, Executive Director
Health and Wellness Foundation of Pike County
112 W. Washington,
PO Box 81
Pittsfield, IL 62363

Review Process

All proposals meeting the criteria eligibility will be taken into consideration. Proposals are selected, and/or denied for funding based on project's ability to:

- Offer effective ways to address health problems or disparities;
- Positively impact Pike County's most pressing health needs and disparities;
- Exhibit collaboration between service providers and/or agencies.
- Leverage other sources of funding;
- Demonstrate ability to remain sustainable.

Notification of Funding

Healthy Community Grant applicants will receive notification of HWFPC's decision to fund, deny, or defer project funding no later than October 30 annually.

Grant Application

I. Cover Page

Provide the following information as a ***one-page summary*** of the grant application:

1. Date of Application:	
2. Organization Legal Name:	
3. Mailing Address:	
4. Phone Fax number Web Site Address	
5. Tax ID Number:	
6. Chief Executive Director: Phone: Email:	
7. Proposal Contact Person: Phone: Email:	
8. Project Title:	
9. Goals of Proposed Project: summarize the intended goals and benefits of the project	
10. New or Existing Project:	
11. Project Start/End Dates:	
12. Total Project Cost:	\$
13. Amount of Funding Requested:	\$
14. Chief Executive Director Signature: Date:	
15. Proposal Contact Person Signature: Date:	

II. Proposal Narrative

Provide a narrative for each category describing the proposed project.

A. Organizational Background

1. **Organizational Structure:** your organization's profile including: location and service areas, mission; population served, current programs and/or services.
2. **History:** a brief summary of the organization's history, and any significant accomplishments.
3. **Financial:** the current Operating Budget, including sources of Revenue and Expenses.

B. Purpose of Grant

1. **Project/Program Name:** _____
2. **Problem and Need:** the specific health concerns, problems, disparities, and needs directly addressed by the proposed project and supporting data.
3. **Project/Program Benefits:** the proposed benefits, changes, or improvements that result from implementing the project, including impact of the target population.
4. **Target Population:** the target population to be served by the project, including: the number of individuals, their gender, age, location, disparities, or demographic characteristics.
5. **Project/Program Components:** the project components, including: activities, programs and/or services, related staffing, and project timetable for implementing the stated project components.
6. **Partners:** the names of any collaborating organizations and the role they will play in the project.
7. **Sustainability:** detail your plans for financing the project at end of the grant period.

C. Project/Program Evaluation

1. **Outcomes:** the anticipated outcomes for each year of the program/project.
2. **Methodology:** the methodology used to measure the expected outcomes and value of the project.

III. Project/Program Budget

A. Requested Funding

State the amount of the grant funding requested and the total budget associated with implementing the proposed project. HWFPC requested funding will be a subtotal of the total project budget.

B. Project/Program Revenue

List all other sources of revenue, confirmed and anticipated, to be utilized in implementing the proposed project, including: other grants, fees for services, and/or collaborating partners.

C. Project/Program Budget Narrative

Provide a narrative of each line item of requested funding. Explain how each relates to the project.

1. **Salary and Wages:** all staff positions and titles for the project. Personnel involved in the project but not employed by the applicant should be listed under Contractual 5.C.
2. **Fringe Benefits/Taxes:** total of all allowable fringe benefits and related taxes for project personnel.
3. **Training and Professional Development:** costs associated with staff training or professional development required to implement the proposed project.
4. **Travel and Meetings:** any travel necessary to implement the project including: number of trips, transportation mode, rate of reimbursement, meals, and lodging.
5. **Consultants and Professional Fees:** expenses associated with use of third-party vendors, consultants, or sub-contractors used, including: legal, service and maintenance contracts; among others.

6. **Supplies:** the consumable materials, including office, educational, or medical supplies.
7. **Equipment and Hardware:** items in excess of \$500 integral to the project including, medical equipment, office equipment, computers, printers, furniture.
8. **Marketing and Advertising:** marketing activities including: print materials; media and advertising fees.
9. **Occupancy:** any additional facility costs including: rent, utilities, phone, or internet.
10. **Other:** Describe expenses not defined in other budget areas.

D. Budget Detail

In the format provided below, provide project expenses for each category by funding entity, as appropriate to the implementing the proposed project/program.

BUDGET DETAIL	TOTAL PROJECT EXPENSES	HWFPC REQUESTED GRANT FUNDS	GRANT FUNDING OTHER	APPLICANT FUNDING
1. Salary and Wages:				
2. Fringe Benefits/Taxes:				
3. Training/Professional Development:				
4. Travel and Meetings				
5. Consultants and Professional Fees:				
6. Supplies:				
7. Equipment and Hardware:				
8. Marketing and Advertising:				
9. Occupancy:				
10. Other – Define				
TOTAL PROJECT EXPENSES:	\$	\$	\$	\$

IV. Required Attachments

For the application to be considered complete, the following documents must be attached.

1. A minimum of three Letters of Support from collaborating partners and/or other entities supporting the project.
2. An IRS Determination Letter indicating the organization’s tax-exempt status.
3. The most recent Audited Financial Statement and accompanying Management Letter.
4. A copy of the most recent IRS 990 Filing.
5. Current Board of Directors List and contact information.
6. If previously funded by HWFPC, include a copy of the last Grantee Report submitted to HWFPC.

Applicant Certification

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction with this application, and to the best of my knowledge, the information contained within this application is accurate, correct and complete. I further certify the tax-exempt status of this Organization is still in effect; and that if a grant is awarded to the Organization, the proceeds of that grant will not be distributed or used to benefit any organization or individual engaged in terrorism, or used for any purpose not expressly stated in this proposal. I represent that I am the person authorized to submit this application on behalf of the Organization and that I am authorized to execute a legally binding grant agreement on behalf of the applicant organization if this grant is approved for funding.

V. Signatures

_____	_____
Applicant Chief Executive Signature	Date

Printed Name	

Title	

_____	_____
HWFPC Authorized Signature	Date

Printed Name	

Title	