



HEALTH AND WELLNESS  
FOUNDATION  
OF PIKE COUNTY



# IMMEDIATE RESPONSE GRANT

Funding Guidelines  
and Application



## HEALTH AND WELLNESS FOUNDATION OF PIKE COUNTY

### Immediate Response Grant (IRG)

The Immediate Response Grant (IRG) is a non-competitive grant and can be requested any time of the year in response to an urgent need, and is processed quickly. These can be emergency grants requested to respond to an unexpected circumstance; or opportunity grants to take advantage of an emerging opportunity or to provide the service or start the program while other funding sources are sought. *Opportunities that can be or could have been submitted within the regular grant cycle are not eligible for the Immediate Response Grant.* Applicants of the Immediate Response Grant will receive funding notification no later than 60 days of receipt.

Immediate Response Grants are awarded for programs that do not fit within HWFPC's Healthy Communities Grant Program cycle and fund programs **not exceeding \$3500 in a twelve-month period.** Specific areas of interest include projects that:

- Improve lives through better healthcare, through projects that engage in disease prevention, treatment and patient education.
- Enrich lives through healthier communities, supporting organizations that offer health care, human services programs and opportunities in achieve a higher state of wellness.
- Empower lives through better education, through programs that improve access to comprehensive and accurate health education resources and learning opportunities.

#### **Who is Eligible to Apply**

HWFPC will only support projects that are consistent with and complementary to its mission and charitable, tax-exempt purposes. Eligibility is based on the following:

- Programs that directly benefit health/wellness programs and services within Pike County, Illinois.
- Applicant is tax-exempt organizations under IRS Section 501(c)(3) or equivalent. Organizations unsure of their ability to apply should contact the Foundation office.
- Ineligible projects include: those that provide direct support to individuals; for-profit providers; or religious organizations; those that directly or indirectly support political campaigns in any way.

#### **Evaluation Criteria and the Decision Process**

All proposals are evaluated and selected/denied for funding by the HWFPC Board of Directors and are judged on their ability to meet the Foundation's funding objectives and organizational mission:

- Offer new and sustainable ways to address health problems;
- Address Pike County's most pressing health needs;
- Reduce long-term cost or duplication of services;
- Reach underserved or at-risk populations;
- Exhibit a high level of collaboration between service providers and/or agencies;
- Leverage outside financial resources.



HEALTH AND WELLNESS FOUNDATION OF PIKE COUNTY

Immediate Response Grant Application

Provide **one complete original and one complete copy of the proposal, including copies of all attachments.** Proposals that do not include all components detailed as part of the Grant Application may be deemed as ineligible for consideration. All Grant Applications must be:

- Printed on 8 1/2" x 11" paper, one-sided, double spaced, using 12 pt. font, no more than ten typewritten pages. Attachments are not included in this limit.
- Applications should be sent by US Postal Service and not E-mailed or Faxed. Applications may be hand-delivered to the Foundation office only with prior arrangement.
- For more information or for questions about the application please contact the Foundation office at 217-285-6080 or by email at [ichcf@aol.com](mailto:ichcf@aol.com).

**Grant Applications Mailing Address:** Patricia McIntosh, Executive Director  
Health and Wellness Foundation of Pike County (HWFPC)  
112 W. Washington, PO Box 81  
Pittsfield, IL 62363

**I. GRANT APPLICATION COVER PAGE**

Provide a one-page summary encompassing the following information for the project for which you are seeking funding.

<b>1. Organization Legal Name:</b>	
<b>2. Address: Telephone, Fax number</b>	
<b>3. Project Director Name: Phone/Email</b>	
<b>4. Chief Executive Name: Phone/Email</b>	
<b>5. Tax ID Number:</b>	
<b>6. Project Title:</b>	
<b>7. Summary of Proposed Project:</b>	
<b>8. Project Start/End Dates:</b>	
<b>9. Amount Requested from HWFPC:</b>	\$
<b>10. Project Manager Signature/Date:</b>	
<b>11. Chief Executive Signature/Date:</b>	

**II. PROPOSAL NARRATIVE**

**A. Organizational Background**

1. **Organizational Structure:** Provide an organizational profile including location and areas of service; the population served; current programs and/or services; and organization’s mission.
2. **History:** Give a brief narrative of the organization's history including: when and why the organization came into being.

**B. Project Description**

1. **Project Title/Name:** \_\_\_\_\_
2. **Target Population:** Describe the groups/persons to be served by the proposed program, including: how many individuals, gender, age, community, personal barriers or challenges. Describe the health concerns, problems, disparities or needs to be addressed by the project?
3. **Project Components:** Describe the specific activities, outcomes, programs and/or services to be implemented by the proposed project and the timeline for project implementation. Define the proposed benefits, changes, or improvements that impact the target population as a result of the proposed project.
4. **Collaborating Partners:** State any collaborating organizations/entities involved in the project.

**C. Budget**

1. **Grant Request:** State the amount of the grant funding requested and how HWFPC grant funding will be utilized, such as: new program implementation; equipment; staff training; etc.
2. **Fiscal Oversight:** Provide the name, title, and contact information for the person who will provide the fiscal oversight of the project.
3. **Project Budget Summary:** Provide project budget totals in the format provided below.

PROJECT BUDGET	TOTAL PROJECT BUDGET	HWFPC REQUESTED	GRANTS & OTHER FUNDS	APPLICANT FUNDED
A. Salary and Wages including Fringe Benefits				
B. Contractual Services (consultants, legal, accounting, paid collaborating entities)				
C. Supplies (office, educational, medical)				
D. Equipment				
E. Marketing and Advertising				
F. Training and Professional Development				
G. Travel and Meetings				
H. Occupancy (rent, utilities, telephone, internet)				
I. Other – define				
<b>PROJECT TOTAL</b>	\$	\$	\$	\$

4. **Budget Detail:** Provide a description of the components identified within each Budget category for funding is requested from HWFPC.

**III. REQUIRED ATTACHMENTS**

**A. Required Supporting Materials**

1. The organization’s Letter of IRS determination indicating tax-exempt status, and federal tax identification number.
2. Most recent audited Financial Statement or 990 Filing
3. A list of the Current Board of Directors and contact information
4. At least two Letters of Support from sponsors and other sources including donors
5. Final Grantee Report - *if the project has been previously funded by HWFPC*
6. If available, a copy of the most current Annual Report

**IV. 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 represent that I am the person authorized to submit this application on behalf of the applicant 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.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**