



HEALTHCARE FOUNDATION
NORTHERN SONOMA COUNTY

Healthcare Foundation Northern Sonoma County Grant Application

Grant Request Form Instructions:

- ❖ APPLICATION MUST BE RECEIVED ON OR BEFORE THE 1ST OF THE MONTH
- ❖ COMPLETE THE ENTIRE APPLICATION, INCLUDING EXHIBITS 1 THROUGH 4, IN WORD.DOC FORMAT OR BY HAND, THEN
- ❖ SUBMIT APPLICATION TO:
 - Healthcare Foundation; PO Box 1025; Healdsburg, CA 95448
or
 - Email to ismith@healthcarefoundation.net – when submitting by email please attach grant request in word.doc format

The Grant Review Committee of the Healthcare Foundation Northern Sonoma County considers grants that are programs, services or capital improvements that directly enhance the healthcare system, service or delivery within our district and that exhibit values consistent with the goals and mission of the Foundation. The Foundation will not accept grant requests for loans, budget shortfalls, ongoing operational expense or salaried positions with the exception of start up or defined duration positions. The Foundation Board of Directors must approve the Committee's recommendation regarding all grant requests. It generally takes one to two months to consider and approve a request

Grant Request Preliminary Data

Requesting Entity: _____ Tax ID# _____

Address: _____

Contact Person: _____ Phone Number: _____

Project Name: _____

Amount Requested: _____ Date Submitted: _____

Healthcare area your project will address: Program Service Capital Improvement

Application Exhibit Attachments:

1. Narrative Overview/justification of the program (impact on local healthcare, measurable outcomes, plans to sustain the program, service or improvement)
2. Detailed line item budget of the project
3. Forecast of project funding, timeline and sustainability

Brief Project Description:

Authorized Signature

Date

FOUNDATION USE

ONLY

DATE RECEIVED:

BY:

REFERRED TO GRANT REVIEW:

Grant Request Exhibit 1

Requesting Entity:

Project Name:

Date Submitted:

Project Description & Justification:

1. Describe the project in detail. Include evidence of the following:
 - a. The need for the project
 - b. How the project will directly enhance the healthcare system, service or delivery within our district
 - c. A description of the methodology of the project, including the detailed steps of the project that demonstrate future sustainability and measurable outcomes. (Example: number of people served, potential income, number of screenings a month, life expectancy of equipment, plans for replacement of equipment or supplies when funding ends, etc.)
 - d. Indicate age and gender demographics served
2. Timeline for the milestone accomplishment(s) during the course of the project.

Grant Request Exhibit 2

Requesting Entity:

Project Name:

Date Submitted:

Project Budget by major category:

1. Provide the project budget. Please include and note the specific expense item(s) you are requesting funds for.
2. Provide description of any other source(s) of funds that are available to support the project.

Grant Request Exhibit 3

Requesting Entity:

Project Name:

Date Submitted:

Forecast of Project Funding (timing of needed funds):

1. Please include the following:
 - a. Date funding commitment is needed
 - b. Date work is to begin or contract executed
 - c. Anticipated completion date
2. For capital improvements
 - a. Identify the life expectancy or obsolescence of the equipment
 - b. Identify the specific plans to insure sustainability (replacement costs) in the future.

Grant Request Exhibit 4

Requesting Entity:

Project Name:

Date Submitted:

History and financial stability of the requesting organization

1. Provide a brief history of your organization
2. Provide your plan for your organizations financial stability

Revised and Approved 9/18/09