



WEST END HEALTH FOUNDATION GRANT APPLICATION

Thank you for submitting a proposal to the West End Health Foundation (WEHF). All portions of the application must be typed and completed in a font size of 10 point or larger. **Incomplete applications will not be considered.**

Applications can only be completed in the PDF fillable form located at westendhf.org.

Proposals must be submitted in pdf form by email to WEHF at grants@westendhf.org by 5:00 p.m. on APRIL 1 (Capital, Facilities and/or Equipment). Proposals delivered after this deadline will not be considered.

The minimum grant request is \$1000, and the maximum is \$10,000 per grant cycle. In extraordinary cases, applicants may receive a grant award in the Spring and Fall grant cycles, but the Foundation generally only funds one grant request from each organization per year.

If your project is one that would benefit from a multi-year proposal, this project and the rationale for a multi-year grant should be discussed with Foundation Manager Pam Christensen.

The WEHF will not fund grants for:

- Terrorist Activities
- Churches and religious organizations to benefit their own members or to promote a specific religion or religious viewpoint
- An individual
- Sponsorships for special events, telethons, performances or advertising activities. The WEHF does accept sponsorship requests related to programs and projects supporting health and wellness. Sponsorship requests should be sent to the WEHF business office.
- Legislative lobbying to support a candidate or political proposal
- Debt retirement

All questions concerning the WEHF Grant process should be directed to Foundation Manager, Pam Christensen at (906) 204-7410.

WEHF GRANT APPLICATION REQUIRED ELEMENTS CHECKLIST

- _____ **Cover Sheet**
- _____ **Narrative Purpose of Grant**
- _____ **Narrative Grant Project Evaluation**
- _____ **Budget Information Sheet**
- _____ **501c3 or Government Mandate of Tax Exempt Status (first time applicants only)**
- _____ **Grant Certification-Must be signed by the organization's Executive Director, Chief Operating Executive or Officer, School Superintendent, City Manager, Township Manager, Board of Directors President or Chair or other legally recognized official representing the organization.**

WEHF GRANT APPLICATION COVER SHEET-Capital, Facilities and/or Equipment	
Date of Application	
Legal Name of Organization	
The legal name of the organization must be the same as the name shown on the IRS Determination Letter attached to this application. The organization must be a non-profit organization as determined by the IRS	
Year Organization Founded	
Organization EIN	
Executive Director Name	
Executive Director Street Address	
City	
State and Zip	
Executive Director Email	
Executive Director Telephone	
Contact Person Name and Title	
Contact person should be the person responsible for the implementation of the grant	
Contact Person Email	
Contact Person Telephone	
Is Contact Person's Address the Same	
Street Address if Different	
City	
State and Zip	
Website Address	
Organization Mission Statement	
Project Name	
Is this a new project?	
Is this an ongoing project?	
Amount Requested	
Total Project Cost	

Please list other partners and the role they will play	
Other Sources of Project Funding	
Beginning and End Dates of Project	
WEHF funding priorities are programs that serve residents of the Cities of Ishpeming and Negaunee and the following Townships-Champion, Ely, Humboldt, Ishpeming, Michigamme, Negaunee, Republic and Tilden	
Geographic Area to be Served	
Number to be Served	

WEHF Grant Application Narrative

Purpose of Grant

1.) Please describe the identified need for this project and what problems will be addressed?
(150 words)

2.) Are other organizations in the community addressing the same need? How does your project differ from others? (75 words)

3.) Is your organization collaborating or partnering with other organizations to address this need? If so, what are the other organizations and how will you collaborate? (150 words)

4.) Has your organization received monetary support for this project from other foundations, corporations or other funding sources? Are funds from your organization being used to support this project? (150 words)

- 5.) Has your organization received grant funds from the WEHF in the past?
- 6.) If the WEHF does not fully fund this project in the amount requested, what will happen? Will the project still be implemented? How will the project be modified? What portions of the project can be implemented with a reduced grant? (200 words)

WEHF Grant Project Evaluation

- 1.) What are the project Goals, Objectives, project timeline and Action Plan? (100 words)
- 2.) How will you determine the success of the project? What evaluation criteria will you use? Please explain your measurement and evaluation tools. What SMART data will you collect? (SMART is Specific, Measurable, Attainable, Realistic and Timely) (150 words)

3.) What will be your promotion and publicity plan for this project? How will you acknowledge the support of the WEHF? (100 words)

Grant Budget Form

Income

- **Agency Contributions** column should list the actual dollar amount of revenue your project will receive from your organization to fund this program.
- **Other Contributions** column should list the actual dollar amount of revenue your project will receive from other sources; donations, fund raising, grants other than WEHF, partner organizations, government fees or grants, program service fees, etc. These revenues will only be used to fund this program.
- **WEHF Grant** funds should appear under the Foundations/Grants line in revenues. The amount listed should equal the amount you are asking for to support this program in your grant application.
- **Total Program Income** should include all funding you anticipate receiving to implement this program. This amount should match the Total Project Cost you use in this grant application.

Expenses

- **Agency Contributions** column should list the actual dollar amount of expenses your project will spend using your organization's own funds.
- **Other Contributions** column should list the actual dollar amount your organization will spend from funds that are generated from other sources; donations, fund raising, grants other than WEHF, partner organizations, government fees of grants, program service fees, etc. These expenses will be used to fund this program.
- **WEHF Grant** funds should be broken down by the expense column categories. The expenses should equal the total amount you are requesting from WEHF.
- **Total Program Expenses** should include all funding you anticipate spending to implement this program. This amount should match the Total Project Cost you use in this grant application.

Total Agency Operating Budget-The total annual budget for your organization.

WEHF Grant Application-Capital, Facilities and/or Equipment				
Budget Information Sheet				
Name of Agency				
Name of Program				
INCOME	Agency Contributions	Other Contributions	WEHF Grant	Total Income
Contributions				
Foundations/Grants				
Other Events				
Partner Organizations				
Government Fees/Grants				
Program Service Fees				
Other (list)				
Total Program Income				
EXPENSES	Agency Contributions	Other Contributions	WEHF Grant	Total Expenses
Salaries and Benefits				
Payroll Taxes				
Contract Personnel				
Professional Fees				
Supplies				
Rent and Utilities				
Phone and Internet				
Equipment				
Printing and Publications				
Travel/Conferences/Meetings				
Other (list)				
Total Program Expenses				
Total Agency Operating Budget				

Certification

This application must be signed by the Agency or Organization's Chief Executive Officer, Executive Director, City Manager, Township Manager, School Superintendent, Board Chairperson or President.

I certify to the best of my knowledge that:

- The tax-exempt status of this organization is still in effect
- This organization will use any grant funding in accordance with the requirements of the WEHF
- If this project is not implemented, all grant funds will be returned
- This proposal is complete. Incomplete proposals will not be considered
- This proposal will be submitted by email in PDF form prior to 5:00 p.m. on **April 1, 2020**
- All previous project reports for grants received from the WEHF have been submitted
- If our organization is awarded grant funds, we will file grant reports as required.

Name of Agency _____

Project Title _____

Signature of Agency Executive Director

Date

Or Signature of Board President

Date

Completed proposal must be submitted in PDF form by email to WEHF at grants@westendhf.org prior to 5:00 p.m. on April 1, 2020.