

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.

The completed grant application form must be submitted by 5:00 p.m. on Tuesday, October 1, 2019. Submit applications in print form. **All applications must contain 7 copies and one original. Copies can be mailed to**

West End Health Foundation
P.O. Box 211
Ishpeming, MI 49849

Or hand delivered to the West End Health Foundation office located at U.S. 41 West, Ishpeming, MI 49849. The WEHF shares office space with the Greater Ishpeming and Negaunee Chamber of Commerce in the brown building located in the Jim's Jubilee parking lot. Jim's Jubilee is located at the corner of U.S. 10 West and Lakeshore Drive in Ishpeming, MI.

Proposals must be received by 5:00 p.m. on Tuesday, October 1, 2019. Proposals delivered after this deadline will not be considered.

The minimum grant request is \$500, 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 West End Health Foundation 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

Questions concerning the West End Health Foundation or the WEHF Grant process should be directed to Foundation Manager, Pam Christensen at wmchfmanager@gmail.com or at (906) 204-7410.

WEST END HEALTH FOUNDATION GRANT APPLICATION COVER SHEET

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

WEST END HEALTH FOUNDATION GRANT APPLICATION REQUIRED ELEMENTS

- **WEHF Grant Application Cover Sheet**
- **WEHF Grant Application Narrative**
 - **Purpose of Grant**
 - **Grant Evaluation**
 - **Grant Budget Form**
- **Grant Certifications-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 Narrative

Purpose of Grant

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

Are other organizations in the community addressing the same need? How does your program differ from other programs? (75 words)

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)

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)

If the WEHF does not fully fund this project in the amount requested, what will happen? Will the program 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

What are the project Goals, Objectives and Action Plan? (100 words)

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)

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.

Western Marquette County Health Foundation Grant Application				
Budget Information Sheet Fall 2019 Funding Cycle				
Name of Agency				
Name of Program				
INCOME	Agency Contributions	Other Contributions	WEHF Grant	Total Income
Contributions				0
Foundations/Grants				0
Other Events				0
Partner Organizations				0
Government Fees/Grants				0
Program Service Fees				0
Other (list)				0
				0
Total Program Income	0	0	0	0
EXPENSES	Agency Contributions	Other Contributions	WEHF Grant	Total Expenses
Salaries and Benefits				0
Payroll Taxes				0
Contract Personnel				0
Professional Fees				0
Supplies				0
Rent and Utilities				0
Phone and Internet				0
Equipment				0
Printing and Publications				0
Travel/Conferences/Meetings				0
Other (list)				0
				0
Total Program Expenses	0	0	0	0
Total Agency Operating Budget				

Certifications

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 West End Health Foundation
- If this program is not implemented, all grant funds will be returned
- This proposal is complete. Incomplete proposals will not be considered
- This proposal (seven copies and one original) will be received by the WEHF prior to 5:00 p.m. on Tuesday, October 1, 2019
- All previous project reports for grants received from the WEHF have been submitted
- If our organization is awarded grant funds, we will file a preliminary grant report by June 1, 2020 and a final grant report by November 1, 2020.

Signature of Agency Executive Director

Date

Or Signature of Board President

Date

Completed proposal must be received by the WEHF prior to 5:00 p.m. on Tuesday, October 1, 2019.

- **Mail applications to West End Health Foundation**
P.O. Box 211
Ishpeming, MI 49849
- **Deliver application to Western Marquette County Health Foundation**
901 U.S. 41 West
Ishpeming, MI 49849

The WMCHF shares office space with the Greater Ishpeming-Negaunee Chamber of Commerce Offices are located on U.S. Highway 41, in the brown building in front of Jim's Jubilee.

Grant checks will be distributed at a special event to be held on November 6, 2019.