TRI-COUNTY COMMUNITY FOUNDATION

Post Office Box 160
Barnwell, South Carolina 29812
803-259-2021

2024-2025 HEALTH GRANT APPLICATION
Due: September 10, 2024
PRINT IN BLUE INK ONLY/TYPE IN BLACK INK ONLY

Name of Organization: _____

Address: _____

_____

Phone Number: _____

Email Address: _____

Non-Profit Organization: Yes _____ No _____

Tax Identification Number: _____

Applicant's Full Name: _____

Applicant's Position: _____

Project Title: _____

Name of Person Responsible for Project Completion and submitting evaluation form:
_____

Address: _____

Signature of Authorizing Agent: _____

Title: _____

Amount Requested: $_____

Total Project Budget of $_____

Proposed Time Frame for use of Grant: FROM:_____TO:_____

HEALTH GRANT
Health Grant Application Guidelines – 2024-25

1. Summarize your project including age group to be served.

2. Describe your project budget in detail. List all necessary materials and project costs such as transportation and copies, etc. In the case of equipment and materials, list their cost(s) and the reason(s) why they are necessary to the project.

3. If additional funds are needed or are being used for this project; explain where they are coming from and in what amount(s).

4. What are the needs, problems, or opportunities that this project addresses? Why is this project necessary or desirable?

5. What are the specific goals of this project? What would you like to accomplish through the execution of this program?

6. How would you go about carrying out this plan? What would you do to accomplish your goal(s)?

7. What outcomes do you expect and how would these outcomes be able to be measured? (how will you know if your project is successful?)

8. Who, specifically, will benefit from this project and how many individuals will be served? (what age groups, etc.)

9. Will this project be optional or mandatory for participants? Explain?

10. Outline your projected time schedule. What do you want to accomplish by what point in the future?

11. How will this project "make a difference" in your community?

12. Are you (check one): _____continuing or expanding an existing program or
_____ beginning a new program? (check one)

13. Did you design this program yourself? yes no (circle one)

14. If not, where did you read or hear about this idea?

15. Prior experience in managing projects?

We look forward to hearing from you and hope that this opportunity will provide you with an incentive to address these problems in a unique and effective manner.

Please provide concise, thorough answers and limit to 3 pages.