

# River Valley Health Foundation 2022 Grant Application

## Organization Information

NAME OF ORGANIZATION \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Tax-Exempt ID: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Current Board President: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Grant Request Information

1. Please provide a brief profile of your organization.
2. Please provide the name of your program or project in which you are seeking funding and a brief description of the project.
3. Please provide the amount of funding you are requesting.
4. Please provide the total program/project budget.
5. List and explain how grant funds will be utilized. Be sure to include any in-kind or match that will be provided.
6. What are the project's goals and expected outcomes?
7. Is this a new or continuing project? Please explain.
8. What is the duration of the grant being requested?
9. What is the organization's annual budget?

- 10. What is your organization's mission?**
- 11. Please summarize the proposal and how it fits with the RVHF's mission and grantmaking priorities.**
- 12. If other organizations are collaborating on this project, please provide a description of the collaboration.**
- 13. Do you envision this project as a continuing long-term project with future financial needs? If yes, how do you plan to fund it in the future?**
- 14. Please list the project's target population, constituents, and geographic communities.**

#### **Required Attachments**

1. Copy of the Organization's IRS Determination Letter
2. Most recent IRS Form 990
3. List of the Organization's Board of Trustees
4. The Organization's Annual Operating Budget
5. A signature by the organization's president or director approving the application.

