



## **2019 Grant Application Overview**

### **Community Health Grant Application & Rules**

Grant applications for 2019 funding may be submitted beginning November 1, 2018. The application deadline is February 15, 2019. Grantees will be notified in April and awards are made in May at our 2019 annual meeting.

### **Guidelines For Request of Funds**

1. Healthy Charlotte Alliance will consider only proposals that will promote charitable, scientific, and educational healthcare needs of Mecklenburg County.
2. Our four priority health issues are mental health, access to care, chronic disease prevention and violence prevention.
3. The application is open only to non-profit organizations.
4. Only applications that directly benefit the people in Mecklenburg County will be considered.

### **Request Rules**

1. Organizations receiving a grant in 2018 are NOT eligible for a grant in 2019.
2. Grant applications should include a quantitative way to measure the success of the program and impact on the community.
3. Request for funds will be made using the online application, following the application guidelines.
4. The applicant agrees to inform the VP of Grants immediately if the project is cancelled with the understanding that the grant funds may be requested to be returned. These grants are restricted funds and cannot be used for any purpose other than the one stated on the application.
5. The applicant agrees to submit a report on the status of the project to the VP of Grants updating the use of the funds by July 15, 2020.

### **CONTACT INFORMATION: (page 1)**

Date of Application

Name of Organization

Address

Phone number

Chief Administrative Officer

Name of person submitting this application  
Email of person submitting this application  
Phone of person submitting this application  
Program/Project Director's name  
Program/Project Director's email  
Program/Project Director's phone number

**PROGRAM/PROJECT INFORMATION: (page 2)**

Name of the program/project for which funding is being requested

Specific area served (choose only 1)

- Mental health
- Access to care
- Chronic disease prevention
- Violence prevention

Objective and background of the program/project (1250 character limit)

Reason this program/project is needed and how it benefits the health of the community (1250 character limit)

Please describe the population and geographic area served by this program/project. (1250 character limit)

Annual number of Mecklenburg County citizens served by this program/project.

In what specific way will citizens of Mecklenburg County be impacted by this program/project? (1250 character limit)

Specific plans and timetable for this program/project (1250 character limit)

**ADDITIONAL PROGRAM/PROJECT INFORMATION: (page 3)**

Anticipated start date of the program/project:

Total budget for the program/project (\$):

Amount requested from Healthy Charlotte Alliance (\$):

Have funds from other sources been received for this project?

- Yes
- No

If yes, please share major donors and their commitment. (1250 character limit)

Are funds from other sources being considered?

- Yes
- No

If yes, please explain. (1250 character limit)

What are the current and long-term funding plans for the program/project? (1250 character limit)

Describe how this program/project is unique in Mecklenburg County and why your organization is the most qualified to deliver the program effectively. (1250 character limit)

Describe opportunities for Healthy Charlotte Alliance member to engage with your organization. (1250 character limit)

## **FILE UPLOADS**

Please include the following in PDF format:

1. A cover letter that provides an introduction to your organization, including years in operation, the mission statement of the organization and a summary of the program/project, including the area served (mental health, access to care, chronic disease prevention and violence prevention.
2. Your organization's overall operating budget.
3. Program/project budget (if applicable).
4. A list of your Board of Directors.
5. A copy of your organization's official notice of tax-exempt status under the Internal Revenue Code.
6. Your organization's most recent form 990.
7. A brochure or printed descriptive material about your organization.
8. Your program/project's evaluation plan [EVALUATION PLAN LINK](#) (Please download the Evaluation Plan and complete. Save as a PDF and upload with your other attachments.)

Please contact Jennie Carruth, VP for Grants, with any questions at:  
[grants@healthycharlottealliance.org](mailto:grants@healthycharlottealliance.org).