

OPERATING SUPPORT REQUEST

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

ORGANIZATION INFORMATION: (page 2)

Select the investment priority which your organization *most* closely seeks to address. (choose only 1)

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

History and background of the organization. (1250 character limit)

Reason this organization is needed and how it benefits the health of the community. (1250 character limit)

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

Annual number of Mecklenburg County residents served by this organization.

In what specific way will residents of Mecklenburg County be impacted by the work of your organization? (1250 character limit)

ADDITIONAL INFORMATION: (page 3)

Amount requested from Healthy Charlotte Alliance (\$):

If awarded, how will you use these funds to best support your operations in order to further your mission? (1250 character limit)

Please list major sources of funding for your operations and at what level. (1250 character limit)

What are the current and long-term funding plans for your organization? (1250 character limit)

Are there other organizations doing similar work in the community? If so, in what way do you ensure no duplication of efforts? (1250 character limit)

Describe how your organization's efforts are unique in Mecklenburg County and why your organization is the most qualified to deliver the program effectively. (1250 character limit)

Please describe the quantitative ways in which your organization measures the success of your program(s) as well as overall impact on the community. (1250 character limit)

Briefly describe your marketing or communications plan to promote this grant award, if funded. (1250 character limit)

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

FILE UPLOADS

Please include the following in PDF format:

1. Organization's overall operating budget.
2. A list of your Board of Directors.
3. A copy of your organization's official notice of tax-exempt status under the Internal Revenue Code.
4. Your organization's most recent form 990.
5. A brochure or printed descriptive material about your organization.

Please contact Jennie Carruth, VP for Grants, with any questions at:
grants@healthycharlottealliance.org.