

PROGRAM 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

PROGRAM/PROJECT INFORMATION: (page 2)

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

Select the investment priority which your program *most* closely seeks to address. (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 improves 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 residents served by this program/project.

In what specific way will residents 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)

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. Your organization's overall operating budget.
2. The budget for the program/project for which you are applying. [PROGRAM/PROJECT BUDGET TEMPLATE](#). Please download and complete. Save as a PDF and upload with your other attachments.
3. A list of your Board of Directors.
4. A copy of your organization's official notice of tax-exempt status under the Internal Revenue Code.
5. Your organization's most recent form 990.
6. A brochure or printed descriptive material about your organization.
7. 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.