



**HEALTHCARE FOUNDATION**  
NORTHERN SONOMA COUNTY

**Healthcare Foundation Northern Sonoma County  
Grant Application  
Revised February 1, 2012**

**Grant Request Form Instructions:**

- ❖ **APPLICATION MUST BE RECEIVED ON OR BEFORE THE 1<sup>ST</sup> OF THE MONTH**
- ❖ **COMPLETE THE ENTIRE APPLICATION, INCLUDING EXHIBITS 1 THROUGH 4, IN WORD.DOC FORMAT OR BY HAND, THEN**
- ❖ **SUBMIT APPLICATION TO:**
  - **Healthcare Foundation; PO Box 1025; Healdsburg, CA 95448**  
**or**
  - **Email to [kdietrich@healthcarefoundation.net](mailto:kdietrich@healthcarefoundation.net) – when submitting by email please attach grant request in word.doc format**

The Grant Review Committee of the Healthcare Foundation Northern Sonoma County considers grants that are programs, services or capital improvements that directly enhance the healthcare system, service or delivery within our district and that exhibit values consistent with the goals and mission of the Foundation. The Foundation will not accept grant requests for loans, budget shortfalls, ongoing operational expense or salaried positions with the exception of start up or defined duration positions. The Foundation Board of Directors must approve the Committee's recommendation regarding all grant requests. It generally takes one to two months to consider and approve a request

**Grant Request Preliminary Data**

Requesting Entity: \_\_\_\_\_ Tax ID# \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project Name: \_\_\_\_\_  
Amount Requested: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Healthcare area your project will address:  Program  Service  Capital Improvement

**Application Exhibit Attachments:**

1. Narrative Overview/justification of the program (impact on local healthcare, measurable outcomes, plans to sustain the program, service or improvement)
2. Detailed line item budget of the project
3. Forecast of project funding, timeline and sustainability

<b>Brief Project Description:</b>
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\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## **Grant Request Exhibit 1**

Requesting Entity:

Project Name:

Date Submitted:

### **Project Description & Justification:**

Please include answers under each corresponding question. If you need additional space please attach and label the information. Example: see attached Exhibit 1 – 1a

1. Describe the project in detail. Include evidence of the following:
  - a. The need for the project
  - b. How the project will directly enhance the healthcare system, service or delivery within our district
  - c. A description of the methodology of the project, including the detailed steps of the project that demonstrate future sustainability and measurable outcomes. (Example: number of people served, potential income, number of screenings a month, life expectancy of equipment, plans for replacement of equipment or supplies when funding ends, etc.)
  - d. Indicate age and gender demographics served
2. Timeline for the milestone accomplishment(s) during the course of the project.

## **Grant Request Exhibit 2**

**Requesting Entity:**

**Project Name:**

**Date Submitted:**

### **Project Budget by major category:**

Please include answers under each corresponding question. If you need additional space please attach and label the information. Example: see attached Exhibit 2 – 1.

1. Provide the project budget. Please include and note the specific expense item(s) you are requesting funds for.
2. Provide description of any other source(s) of funds that are available to support the project.

### **Grant Request Exhibit 3**

**Requesting Entity:**

**Project Name:**

**Date Submitted:**

#### **Forecast of Project Funding (timing of needed funds):**

Please include answers under each corresponding question. If you need additional space please attach and label the information. Example: see attached Exhibit 3 – 1a.

1. Please include the following:
  - a. Date funding commitment is needed
  - b. Date work is to begin or contract executed
  - c. Anticipated completion date
2. For capital improvements
  - a. Identify the life expectancy or obsolescence of the equipment
  - b. Identify the specific plans to insure sustainability (replacement costs) in the future.

## **Grant Request Exhibit 4**

**Requesting Entity:**

**Project Name:**

**Date Submitted:**

### **History and financial stability of the requesting organization**

Please include answers under each corresponding question. If you need additional space please attach and label the information. Example: see attached Exhibit 4 – 1.

1. Provide a brief history of your organization
  
2. Provide your plan for your organizations financial stability