

# Community Foundation of Northwest Mississippi Grant Application FOR REGIONAL HEALTH COUNCIL GRANT

Please provide the following information:

1. Legal Name of Organization: \_\_\_\_\_
2. Mailing address: \_\_\_\_\_
3. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
4. E-mail: \_\_\_\_\_ Website: \_\_\_\_\_
5. Grant contact person: \_\_\_\_\_
6. Grant contact phone, fax, email (if different from above): \_\_\_\_\_  
\_\_\_\_\_
7. Program name \_\_\_\_\_
8. Purpose of Grant (one sentence): \_\_\_\_\_  
\_\_\_\_\_
9. Amount requested: \_\_\_\_\_ Total Program Cost: \_\_\_\_\_
10. Counties served by your organization:
  - Coahoma
  - DeSoto
  - Marshall
  - Panola
  - Quitman
  - Tallahatchie
  - Tate
  - Tunica
9. Have you previously applied for a grant from the Community Foundation of Northwest Mississippi?
  - Yes \_\_\_\_\_ (If yes, when? )
  - No \_\_\_\_\_

\_\_\_\_\_  
*Signature, Chairperson, Board of Directors*      *Date*      *Printed Name*

\_\_\_\_\_  
*Signature, Executive Director*      *Date*      *Printed Name*

The Regional Health Council, a component of the Community Foundation of Northwest Mississippi's *Get A Life!* initiative to prevent childhood obesity, offers the following Request for Proposal seeking applications from organizations working on one or more of the following strategies. Applicant must be a 501 c 3 organization, government, school or church.

### **Recommended Strategies for Funding:**

1. **Faith-Based Strategies** including but not limited to beginning or supporting church health ministries and church gardens.
2. **Healthy Community Eating Strategies** including the establishment of farmers markets, community gardens, healthy-food convenience stores, mobile food markets and Community Supported Agriculture along with policies to protect and sustain these efforts.
3. **Healthy School Strategies** including school gardens as a way to bring fresh produce into school cafeterias; Support Chefs Move to School program; Promote farm-to-school program and the incorporation of fresh food into school meals including an educational component; Encourage school participation in the Alliance for a Healthier Generation; and Stage a competition for healthiest school in northwest Mississippi.
4. **Community Active Living Strategies** including bike lanes in communities along with bike safety courses and equipment; Reduce 'park deserts' in communities; Encourage Safe Routes to School participation in communities; and Promote Joint Use Agreements to ensure that children have safe places to play.

### **Range of Funding:**

Grants will be awarded in amounts ranging from \$1,000 to \$5,000. Although there is no match required, local dollars are encouraged

### **APPLICATION PROCESS:**

*Description of Strategy for which grant is sought:*

Please provide the following information in this order and with the headings as listed.

Please limit your description to **no more than three pages**, not including Grant Budget Forms and Attachments.

### **SUMMARY:**

Briefly describe your organization's history and mission.

Briefly describe your organization's programs, activities and accomplishments.

Explain why your organization is requesting this grant, what outcomes you plan to achieve and how you will spend the funds if the grant is made. Indicate which of the Recommended Strategies will be the focus for the project for which you are applying.

## **PURPOSE OF GRANT:**

- a. State the needs and opportunities as well as the target population to be addressed
- b. Describe how people in the target population will benefit
- c. List the grant's goals, measurable objectives and action plans and tell whether this program is a new or ongoing part of your organization
- d. Give your timetable for implementation
- e. Describe availability or potential for matching funds as well as other partners in the program and their roles
- f. List similar programs in your region, if any, and explain your program's relationship to them
- g. Give the qualifications of key people who will ensure this program's success
- h. Give long-term strategies for funding this project after the grant period and how the project will be sustained
- i. Describe ways this grant will raise your organization's visibility and increase its capacity

## **EVALUATION**

Describe plans for evaluation of the program including how success will be defined and measured. What changes will be made in awareness, program, services, healthy environments and policies?

## **SUSTAINABILITY**

How will the activities funded under the grant be continued?

## **BUDGET** (Complete and attach the Grant Budget Forms)

List of priority items in the Grant Budget Form, in case the Community Foundation is unable to meet your full request

### *Attachments*

1. A copy of the current IRS determination letter indicating 501(c)3 tax-exempt status
2. A copy of the current Certification of Registration as a charitable organization with the Mississippi Secretary of State
3. A list of governing board members with occupations and contact information

## **TIMELINE FOR RFPS AND GRANT AWARDS:**

- **RFPS released September 15, 2011**
- **Grant application due to CFNM by 5 pm on October 31, 2011**
- **Grant award date: December 1, 2011 for a one-year grant**

### **Mail applications to:**

**Peggy Linton  
CFNM  
315 Loshier Street Suite 100  
Hernando, MS 38632**

**OR email to [plinton@cfnm.org](mailto:plinton@cfnm.org) (If applications are emailed, signature sheet must be mailed.)**

**GRANT BUDGET FORM:** (Please provide the program budget in the format and order as listed below.)

Organization's fiscal year: \_\_\_\_\_

Time period covered by this budget: \_\_\_\_\_ to \_\_\_\_\_

**REVENUE:** include a description and the total revenue expected for each budget category for this program. Please indicate which sources of revenue are committed and which are pending.

	<b>Committed</b>	<b>Pending</b>
Grants/contracts/contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
Membership Income	\$ _____	\$ _____
In-kind support	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<b>TOTAL REVENUE</b>	\$ _____	\$ _____

**EXPENSES:** Include a \*description and the total expenses for each of the following budget categories.

	Amount requested from Community Foundation	Total project expense
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultant/profession fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing/Copying	\$ _____	\$ _____
Telephone/Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<b>TOTAL EXPENSES</b>	\$ _____	\$ _____

\*Prepare a budget narrative outlining how the requested funds will be spent in each category and attach.

