



**COMMUNITY HEALTH FUND GRANT APPLICATION
SHORT FORM (for grants up to \$5,000)**

Legal Name of Organization: _____

Organization Director: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Program/Project Title: _____

Amount of Funds Requested: _____ (may not exceed \$5,000)

Short Summary (25 words or less) of proposed program/project:

Is this the first time you are submitting a proposal to the Community Health Fund? ___ Yes ___ No

If no, previous funding: Month _____ Year _____ Amount _____

Please attach any promotional materials, such as a brochure or annual report, that describe your organization or this program/project.

I (we) certify that all the information included in or attached to this proposal is complete and accurate.

Authorized Signature of Agency Representative

Printed Name and Title

Date

Authorized Signature of Agency Representative

Printed Name and Title

Date

Please attach your responses to the following items, using the *Frequently Asked Questions* (FAQ) pages in the Grants section of our website at www.ethd.org as your guide. (Maximum 3 pages total)

1. Describe program/project.
2. State goals, objectives and intended outcomes of this program.
3. Describe your target population for this project including zip codes, ethnicities, age ranges, gender identifications and number of clients served and any other demographic data considered important.
4. Describe the need for the program/project in the Eden Health District.
5. Describe your agency's ability to provide the proposed services.
6. How does this program match the Community Health Fund priorities?
7. How will the effectiveness of the program be assessed?
8. How will this program or service sustain itself beyond this funding cycle?
9. Provide detailed project budget showing how Eden Health District funds would be used and include other funding sources for this project.

Attachments:

1. Copy of IRS Tax Exemption Letter
2. Organization Board of Directors List
3. Most recent financial statements
4. Current organization budget

Please note: The District office must receive a signed electronic copy with all required documents by email to badranly@ethd.org on or before Friday, August 30, 2024, by 12 noon.

Documents become part of the public record of the Eden Health District.

For assistance, please call 510.538.2031 ext. 201.