EDEN HEALTH DISTRICT
INVESTING IN THE HEALTH OF OUR COMMUNITY SINCE 1948

COMMUNITY HEALTH FUND GRANT APPLICATION
(*for grants up to $25,000)*

The following pages provide instructions for completing each section of your proposal. Use the *Frequently Asked Questions* (FAQ) pages in the Grants section of our website at www.ETHD.org as your guide in completing each of the sections. The proposal and all forms must be typewritten or computer-generated and may not exceed eight pages.

Please number the pages and clearly identify all sections with subheadings or by referencing section numbers, paying particular attention to the page limits indicated.

COVER PAGE

Legal Name of Organization:_____
Organization Director:_____
Address:_____
Phone_____Email: _____
Program/Project Title:_____
Contact Person Name, Phone and Email_____
Amount of Funds Requested: $ **(may not exceed $25,000)**

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

- Have you received previous funding from the Eden Community Health Fund?
  - If yes, please let us know the year and the amount received: _____
- What is the total project or program budget? $_____
- If you have additional funding confirmed for this work, what is the amount? $_____
- What is the total number of individuals or families you expect to serve with this project or program? _____ How many do you expect will be residents of the Eden District?_____
- If your program is direct service meals or food provision, how many meals do you expect to serve? _____
- What is the total agency budget? $_____

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

PROPOSAL CHECKLIST

Please use this checklist to ensure you have included all items in your proposal.

A signed electronic copy has been sent to Barbara Adranly at badranly@ethd.org and include:

- □ Proposal Cover Page (with signatures)
- □ Problem Statement
- □ Program Description
- □ Goals
- □ Objectives
- □ Intended Outcomes
- □ Evaluation
- □ Demographic Data Collection
- □ Agency Capability
- □ Sustainability
- □ Program Budget
- □ Budget Narrative
- □ Additional Funding

Please include one copy of each item listed below with your signed electronic proposal.

NOTE: If you received a grant from the Eden Community Health grant program in the 2025-26 grant cycle you only need to include the three items that are starred below.**

- □ Articles of Incorporation (note: attach any amendments)
- □ Bylaws
- □ Most recent financial statements (preferably most recent **audited** financial statements)
- □ Operating Budget for current year **
- □ List of Board of Directors **
- □ This Proposal Checklist **

A. Problem Statement *(Maximum of one single-spaced pages)*
Please describe the problem addressed by your program/project.

B. Program Description *(Maximum of two single-spaced pages)*
Please describe the program you are proposing, and how it addresses the problem described above. Discuss any ways this program connects with or relates to existing services. Refer to items #1 -3 below for further guidance in writing this description.

1. Program Performance
   Include information on how program/service is delivered, including:
   - Units of service during the term of the grant period
   - Total number of days of service during the grant period
   - Days and hours of operation
   - Number of unduplicated people served
   - How participants will obtain services
   - Location and accessibility of the site
   - How you will generate referrals to the proposed program
   - How services will be communicated to potential participants

2. Target Population
   Include data to describe your target population including age, gender, ethnicity, special needs, health needs, etc. as related to the proposed program, e.g., "The program will provide services to persons 12 – 18 years of age who are physically challenged."

3. Service Area
   Describe the geographic area served including zip codes and identify the number of District residents you expect to serve with your program/project.

C. Goals *(Maximum of one single-spaced page)*
Clearly state the goals of this program/project.

D. Objectives *(Maximum of one single-spaced page)*
Clearly state your specific and measurable objectives to attain the above goal(s).

E. Intended Outcomes *(Maximum of one single-spaced page)*
Describe the specific measurable outcomes you intend to achieve. All measurable outcomes should relate to the goals, objectives and program activities described in this proposal. Please include the total number of people and/or families you expect to serve. If your program is direct service meals or food provision, how many meals do you expect to serve?

F. Evaluation *(Maximum of one single-spaced page)*
Describe how you plan to measure the effectiveness of your program and track achievement of your intended outcomes.

G. Demographic Data Collection
The District is interested in collecting a range of demographic data about clients served through grant funding. This data includes zip codes, gender, age, ethnicity, and language spoken. Please describe your ability to collect this data. What categories of data do you currently collect and how do you collect it? Please describe your ability to collect any of the data categories listed above that you are not currently collecting.

H. Agency Capability *(Maximum of one single-spaced page)*
Define your organization's mission, vision and goals. Describe your agency's ability to provide the proposed program or service. List and describe cooperative and collaborative links with other organizations that enhance your ability to provide the proposed program or service. Please provide a letter of interest from collaborating agencies, if applicable.

I. Sustainability
Describe whether this program/project will continue beyond the District's grant period and, if so, describe how you intend to fund it.

J. Project Budget
Include a detailed project budget showing all sources of funding and clearly indicate how funds from Eden Health District would be used.

K. Budget Narrative
Provide a narrative of the budget content to support the total funds requested as well as each line item. Specifically include the number of employees and hours budgeted for the program.

L. Additional Funding
If total project budget is larger than the funding you are requesting, do you have additional funding confirmed? If not, how do you plan to raise the funds?

Provide a list of other existing funding sources and other grant requests written for this program. Please specify which sources are existing sources of funding and which are potential sources.

M. Submission of Proposal and Attachments

The District office must receive a signed electronic copy and all required documents by email to badranly@ethd.org on or before noon on Friday, August 28, 2026.

The signed electronic copy of the proposal should include the following items:

Attachments Required (Please note - If you received funding in the most recent grant cycle you are only required to submit items 3, 4 and 6 below.)

1. Articles of Incorporation
2. Bylaws
3. Your organization's annual operating budget for the current year
4. Most recent financial statements (preferably most recent **audited** financial statements)
5. IRS Tax Exemption Letter
6. List of Board of Directors (Include professional and community affiliations. Do not include home addresses.)

Please submit the signed electronic copy of the proposal and all required documents by email to: badranly@ethd.org **on or before noon on Friday, August 28, 2026.**

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

For assistance, please call 510.538.2031 ext. 201 or visit our website at www.ethd.org.