



PHF Office Use Only
Grant No. _____

REQUEST FOR FUNDING APPLICATION

(Requests up to \$4,999)

For application FAQs, please visit www.phfgive.org/about-faq.php

APPLICANT INFORMATION

Organization Name: _____ EIN: _____

Organization Website: _____

Organization Type: Non-Profit School Government Other: _____

Organization Address: _____
Street/PO Box City State Zip

Project Contact: _____
Name E-mail Telephone

Member authorized to submit application: _____
(e.g., CEO – see FAQs on website for acceptable signatories) Name Position

Authorized member's signature: _____

PHF is unable to provide funding for individual or family fundraisers.

PROPOSAL INFORMATION

Project Name: _____ Application Date: _____

Project Start/End Dates: _____ Is this an existing project? Yes No

Amount Requested: \$ _____ Is this a multi-year request? Yes No

Are you willing to accept partial funding? Yes No Date Funding is Needed: _____

Is there additional funding for this project available from other sources? Yes No

If yes, please specify: _____
(Please attach additional page if necessary)

Is this request needed to obtain or match another grant? Yes No

If yes, please describe the other grant or match requirements: _____
(Please attach additional page if necessary)

Please select all the funding priorities that apply to this request:

- Access to Care
- Community Health
- Health Education
- Health Research
- Healthcare Leaders
- Other: _____

- This project:
- addresses an unmet community need.
 - is duplicated in the community.
 - is a collaborative effort.

TARGET POPULATION

Please select the population targeted for this project:

- Broader Community Low Income Persons with Disabilities Uninsured/Underinsured
 Other: _____

Gender Served: _____

Age Group Served: All Infants Children Teens Adults Senior Citizens

Anticipated Number of Persons Served: _____ per Month per Annum

County Served: Baraga Houghton Keweenaw Ontonagon

City/Township/Village Served: _____

HOW DID YOU HEAR ABOUT PHF?

Website Radio TV Newspaper Mail E-mail Word of Mouth Social Media

Would you like to receive PHF e-mails? No Yes, e-mail: _____

PROPOSAL NARRATIVE

All applicants must submit a grant proposal narrative that addresses the following items:

- 1) Describes and provides evidence of the opportunity, challenge, issue, or need based on health-risk factors (you must identify your sources such as the Western Upper Peninsula Health Needs Assessment, Kids Count Data Center, etc.);
- 2) Describes the specific activities for which you seek funding;
- 3) Identifies who will carry out these activities;
- 4) Demonstrates that you have the resources available to carry out this project;
- 5) Identifies the baseline data your project will impact;
- 6) Identifies the project's objectives that can be measured against baseline data (objectives must be specific, measurable, achievable, realistic, and timely);
- 7) Identifies the project's short- and long-term goals;
- 8) Identifies long-term funding strategies to sustain this project;
- 9) Describes how the project connects to and advances PHF's mission; and
- 10) Project timeline (you may attach a time-phased work plan or project documentation).

ADDITIONAL MATERIAL TO SUBMIT

All applicants must also submit the following documentation:

- 1) Organization's most recent financial information (balance sheet and income statement); and
- 2) Copy of organization's 501(c)(3) determination letter or other proof of tax exemption.

APPLICATION CHECKLIST

Please make sure to submit the following documents as PHF will not consider incomplete applications:

- | | |
|---|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Financial Information |
| <input type="checkbox"/> Proof of Tax Exemption | <input type="checkbox"/> Proposal Narrative |

APPLICATION SUBMISSION

All requests must be submitted on the Request for Funding Application form at least four weeks in advance of the project start date and must be received in the PHF office no later than the last day of the month to be considered at the next PHF Grants Management Committee meeting (e.g., project start date 1/1/18 – application is due 11/30/17). All electronic submissions must be in PDF format. Return completed applications to:

Portage Health Foundation
400 Quincy St., PO Box 299
Hancock, MI 49930

F: 906.523.5925
E: info@phfgive.org (as a PDF)

Submission of an application is not an implied guarantee of funding.

PHF RECOGNITION & FOLLOW-UP REPORTING

All grantees are required to recognize PHF as a funding provider on all printed materials and publicity for the project. Please contact the PHF office for our publicity policy and/or logo.

Within thirty (30) calendar days of the project's end date, all grantees must forward a follow-up report to PHF (e.g., project ends 12/31/17 – follow-up report is due 1/30/18). This report should include the number of participants, reactions by participants, what your organization learned, and outcomes or results of the project. Copies of printed materials, publicity, and any news/media coverage, along with purchase receipts for project materials, must be included with the report. PHF reserves the right to revoke a grant award and/or deny subsequent requests for funding if PHF does not receive a follow-up report from a grantee.

DO NOT COMPLETE – PHF USE ONLY

Proposal Approved: Yes No

Approved or Denied by: _____ Date: _____

Signature: _____ Title: _____

Grant Amount: \$ _____ Check #: _____ Check Sent: _____

Notes: _____
