

REQUEST FOR FUNDING APPLICATION*(Requests over \$5,000)**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 NoAmount Requested: \$ _____ Is this a multi-year request? Yes NoAre you willing to accept partial funding? Yes No Date Funding is Needed: _____Is there additional funding for this project available from other sources? Yes NoIf yes, please specify: _____
*(Please attach additional page if necessary)*Is this request needed to obtain or match another grant? Yes NoIf 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 INFORMATION TO SUBMIT

All applicants must also submit the following documentation:

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

PROPOSAL PRESENTATION

A presentation by the requesting applicant to the PHF Grants Management Committee and/or the PHF Board of Directors may be required for proposals over \$10,000. A presentation will be required for all multi-year requests.

PROPOSAL BUDGET

Total Amount Requested: \$ _____

If this is a multi-year request, please identify yearly requested amounts:

1st Year: \$ _____ 2nd Year: \$ _____ 3rd Year: \$ _____

Revenue Sources (*identify revenues related to the grant project as opposed to the organization's overall revenues – do not include amount requested from PHF*):

Earned Income:	\$ _____
Corporate/Government Contracts:	\$ _____
Other, please specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Revenue: \$ _____

Expense Items (*identify expenses related to the grant project as opposed to the organization's overall expenses*):

Salaries/Wages (<i>please breakdown by individual position and attach additional pages if necessary</i>):	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>

Insurance, Benefits, and Related Taxes:	\$ _____
Consultants/Professional Fees:	\$ _____
Travel:	\$ _____
Supplies:	\$ _____
Printing/Copying:	\$ _____
Telephone/Fax:	\$ _____
Postage/Delivery:	\$ _____
Rent/Utilities:	\$ _____
Depreciation:	\$ _____
Indirect Costs, please specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Other Costs, please specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses: \$ _____

Revenue Over/Under Expense: \$ _____

If awarded funding, any expenditure variance(s) to the proposed budget will require a grantee to submit a Grant Amendment Request form.

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 Budget |
| <input type="checkbox"/> Proposal Narrative | |

APPLICATION SUBMISSION

All application requests must be submitted on the Request for Funding Application form at least two months 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 of 1/1/18 – application is due 10/31/17). All electronic submissions must be in PDF format. Return completed applications to:

Portage Health Foundation	F: 906.523.5925
400 Quincy St., PO Box 299	E: info@phfgive.org (as a PDF)
Hancock, MI 49930	

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.

If awarded funding, all grantees are required to submit interim progress reports for the duration of the grant period (e.g., after first six months and then every three months) and a final report. Reports are due to PHF no later than seven (7) days after the reporting period ends (e.g., the reporting period ends 9/30/17 – progress report is due 10/7/17; grant period ends 12/31/17 – final report is due 1/7/18). PHF will work with all grantees regarding their reporting schedules. PHF reserves the right to revoke a grant award and/or deny subsequent requests for funding if PHF does not receive follow-up reports 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: _____

