



APPLICATION FOR FUNDS FOR A SPECIFIC PROJECT

This application for funds will be filed with our office and distributed to the committee members who are responsible for evaluating the request. We evaluate grant requests quarterly in the order we receive them.

Date:

Name of requesting organization:

Date of last IRS determination _____ Designation by IRS _____

(Attach Documentation)

Contact person _____ Phone number _____

Mailing Address: _____

Contact Email Address: _____

Brief description and history of your organization:

Amount requested and a brief description of project for which funding is requested:

State the goals and objectives:

State the time table for accomplishing the goals and objectives:



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Describe the evaluation process you will use to evaluate how you have met your goals and objectives:

Describe how the project relates to the requesting organization's long-term plans and priorities:

Describe the present and future impact this project will have on the health of the community:

Provide an itemized budget for the project for which monies are requested. (Use separate page or pages.) Please include a copy of your overall budget for the year for which you are requesting funds.



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List other sources of funding commitments received to date with amounts listed:

Describe how the request will impact the organization's future operating budget (expenses and revenues). What is your organization's financial plan for future sustainability of this project after this grant is spent?

Who is the project manager or administrator for the grant? What are the qualifications and credentials of this person?

Please attach a list of your Board of Directors (where applicable) and a list of staff working on this project along with a short bio listing their skills and qualifications to complete this project. If you need more space, please email to apply@communityhealthfoundation.org.



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Optional: Include any other information that would help us better understand your organization and the project you would like to fund. (photos, newspaper articles, etc.) These items should be mailed to:

**The Clarksville-Montgomery County Community Health Foundation
120 South 2nd Street
Suite 201
Clarksville, TN 37040**

Meetings and site visit will be scheduled with applicant organization by CMCCHF, Inc. if deemed appropriate after your grant request is studied by the evaluation committee.

I understand that if this grant is approved that we will sign a contract currently furnished to me which binds us to the details in this application.

_____ Title _____

Clarksville-Montgomery County Community Health Foundation, Inc.
Attention: Sarah Schwartz
120 South 2nd Street, Suite 201
Clarksville, TN 37040