

# SAMPLE APPLICATION

## Flex Fund Grant

### ORGANIZATION INFORMATION

- Legal Name of Organization (*Should be the same as on IRS determination letter and as supplied on IRS Form 990.*)
- Tax ID Number
- Local Address
- Phone
- Website Address
- Current Annual Operation Budget

### ORGANIZATION CONTACT

Please provide the primary contact of the organization (the President or the Executive Director).

- First and Last Name
- Email Address
- Phone (*including extension if applicable*)
- Contact Role
- Contact Job Title

### REQUEST INFORMATION

Please indicate the amount of money you are applying for based on the recommendation from the Impact Alamance Program Officer.

Select one:

- Up to \$5000
- Up to \$7500

Please provide a brief overview of your organization's mission and history.

Project Title

Brief Project Description

*(Please provide a brief description of your proposal to use general operation funds. How will this funding help your organization?)*

What social determinant of health is your project addressing?

Select multiple:

- [Neighborhood Health] Neighborhood Conditions & Built Environment
- [Healthcare Access] Healthcare Access & Quality
- [Social Community] Social Community & Context
- [Economic Stability] Economic Stability
- [Education Access] Education Access & Quality

Describe the population your organization serves and their needs.

How do you gain feedback and engage the community your organization serves?

How many people will your organization serve during the next year?

Please estimate the breakdown of race/ethnicity of the participants you will serve through this project. Your data will not be considered in the review process but will be used for data purposes.

## **NARRATIVE INFORMATION**

Organization Structure

*(Describe your organization's leadership structure and key staff members.)*

How does your organization plan to sustain its operations in the future?

How do collaborations or partnerships support your organization's work?

## **PROGRAM FINANCIAL INFORMATION**

Request Amount

Fiscal Year Start

Provide an overview of how you plan to allocate the general operation funds if awarded.

*(You can include categories such as salaries, supplies, administrative costs, etc. This overview can be high-level and does not need to be detailed.)*

## **ATTACHMENTS**

List of Board of Directors with Affiliations.

Please upload your organization's most recent Profit and Loss (P&L) Statement and Balance Sheet.

Most recent 990 Form