

SAMPLE APPLICATION

Progress and Enhancement 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
- Year Founded

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 provide a brief description of your organization's mission, purpose and services.

Project Title

Brief Project Description

(Please provide a brief description of your project proposal in 4 sentences or less.)

Proposal must address a social determinant of health in the 2024 Community Assessment. Please indicate the health issue your proposal is 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

Need and Proposal Description

(What is the issue or need this proposal is addressing? Use local, state or federal data associated with this need. Describe your project and how it will address this need. How will you use this funding?)

Project Start Date

Project Completion Date

How many people will your project/equipment serve over the next 5 years?

Please breakdown the race/ethnicity of the participants you will serve through this project.

Select multiple:

- American Indian, Alaskan Native, or Indigenous
- Asian or Asian American
- Black or African American
- Hispanic, Latino/a/x, or Latin American
- Two or More Races
- Other
- White
- Not Specified

NARRATIVE INFORMATION

Outcome

(Provide one outcome for your project. The outcome should be Specific, Measurable, Achievable, Relevant and Time-Bound.)

How will you measure your progress to ensure you have met your outcome?

Tell us your plan for maintaining the project after the grant is over.

If Impact Alamance does not fund your full request, what are your alternate plans to continue this program?

Will you be collaborating with other agencies on this project? If so, explain who they are and how you will partner with them.

How do you plan to reach the people you will serve?

How will this project serve marginalized populations?

PROGRAM FINANCIAL INFORMATION

Request Amount

Project Total Budget

Fiscal Year Start

Equipment

(Dollar Amount Requested from Impact Alamance)

Equipment - OTHER Funding Sources

(Dollar Amount from other funding sources)

Equipment

(Justification - List all items of equipment, and list dollar amount per item.)

ATTACHMENTS

List of Board of Directors With Their Organization Name and Position Title

Statement of Financial Position (Profit & Loss) Covering Last 2 Years

Most recent 990 Form

Most Recent W9

(Be sure your W9 reflects the current name of your organization and current address.)