Keweenaw Health Foundation
Small Grant Application Form

Organization Name:	
Organization Address: **City:** **State:** **Zip:**	**Contact telephone number:**
Contact person:	**Contact email address:**
Name of Project: **Funding Amount Requested:**	
Describe the project, the health-related goals and how it aligns with the Keweenaw Health Foundation Mission.	

Describe the health-related need for the project, and the proposed activities including how the activities meet the health need.

Target Population:

Age Group Served: ☐ All ☐ Children ☐ Teens ☐ Adults ☐ Senior Citizens

County Served: ☐ Houghton County, MI ☐ Keweenaw County, MI ☐ Other:_____

City/Township/Village Served:

Describe how you will measure your goals and evaluate the program.

Describe your outreach and marketing plan and how you will recognize the Keweenaw Health Foundation?

Please complete the line-item budget and budget narrative provided.

Acknowledgement

Has your organization received funding from the Keweenaw Health Foundation in the past? YES NO

If yes, name of Project Funded and Year:

I verify that the information in this application is correct to the best of my knowledge and that I have completed all the items necessary for my application.

Signature Date

Application Checklist

___ Application Form
___ Line Item budget and budget narrative
___ 2 Letters of support
___ Narrative Progress Report(s)

Preference will be given to proposals that fit the following criteria

- Relevance of the Proposed Project to the KHF Mission and Vision
- Project is health centered
- Potential Impact on regions social determinants of health; socioeconomic conditions, environment, education, income, and individual behavior choices
- Potential health impact on the community/institution beneficiaries in service area
- Appropriateness of proposed budget
- Evidence of collaboration and public engagement with cost sharing
- Project objective/s are obtainable
- Reasonableness of the timeline for completion
- Outreach, marketing, and publicity strategy
- Quality of plan to measure impact/success

KEWEENAW HEALTH FOUNDATION GRANT BUDGET

Organization Name: **Project Title:**					
ITEMIZED EXPENSES – List specific items that will incur expenses for your project	**QUANTITY OF ITEM (i.e. hrs., number of items etc.)**	**TOTAL PROJECTED COST**	**Amount of KHF Funding that will be used for expense**	**Amount of funding from other source used for expense**	**BUDGET NARRATIVE - Provide descriptions of how each line item will be spent, explaining how they relate to the goal of the grant.**
Total Expenses		**x**			

INCOME – List all funding sources specifically	**TOTAL**	**FUNDING TIMELINE Example: 1 year**
Total Income		

INCOME TOTAL	
EXPENSES TOTAL	

NARRATIVE

All grantees (over $2,500} are required to submit a narrative with their progress report(s} and/or final report that answers each of the following questions/statements (1-10). If a question/statement is not applicable to your project, please indicate this in your narrative. Please attach your narrative to this grant report form.

1. Briefly describe the project and its purpose.
2. Briefly describe your project as it is functioning at this time.
3. Have there been any changes in the focus of services provided since the inception of your project>? If yes, please explain.
4. Describe your progress in meeting each project objective.
5. Have you encountered any problems in meeting your project objectives? If so, what actions have you taken to resolve them?
6. How are you assuring that you are providing quality services through your project?
7. What lessons have you learned thus far that will help you achieve your intended project outcomes?
8. Explain any changes in community commitment or funding from the original proposal. Have you identified any additional funding for this project for the current year or beyond?
9. Identify the members of your project network.
10. Please share any additional information you feel would provide us with a complete understanding of the project's scope and successes.

In addition to the above questions, all grantees submitting a final report must also answer questions 11-15.

11. What unanticipated results, positive or negative, have you encountered and have have you addressed these?
12. What difference has the project made in your community and for the population you are serving? Provide specific results and /or data to support your impact.
13. What has your organization learned from this project?
14. In what ways do you plan to share the results of this project? How might the Keweenaw Health Foundation assist in promoting replication of your project in other communities?
15. Describe your plans for sustaining or expanding this project, indulging funding sources.

Grant Report Submissions

All grant reports must be received in the Keweenaw Health Foundation office no later than seven (7) days after the reporting period ends. All electronic submissions must be in PDF format. Keweenaw Health Foundation will

not accept incomplete reports. If a grantee submits an incomplete report, KHF may request the grantee to revise and resubmit. Return completed reports to:

Keweenaw Health Foundation
C/0 Jenn Jenich-Laplander
205 Osceola Street
Laurium, MI 49913