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**LiveWell Grant Program  
2019 Grant Application**

**DATE:** Click here to enter text.

**AGENCY INFORMATION**

**Name of Agency/ Agencies (list all agencies involved in project):** Click here to enter text.

**Primary Agency:** Click here to enter text. **Primary Agency Tax ID #:** Click here to enter text.

**Contact Person:** Click here to enter text. **Title:** Click here to enter text.

**Mailing Address:** Click here to enter text.

**Phone:** Click here to enter text. **Fax:** Click here to enter text. **E-Mail:** Click here to enter text.

**Briefly summarize the mission of each agency involved in the project:** Click here to enter text.

**Please attach copies of the following documents with your grant application for each of the requesting agencies:**

**Latest annual report**

**Current roster of Board of Directors and staff**

**Latest financial audit**

**Proof of organization’s active 501(c)(3) non-profit status from the Internal Revenue Service**

**Last fiscal year income statement detailing sources and use of funds**

**Letters of Support/ Memorandums of Agreement from collaborating agencies/ partners**

**PROJECT INFORMATION**

**Project Title:** Click here to enter text.

**Is this a new project or a continuation of a current project?** Click here to enter text.

**Have you received funding from the LiveWell Grant Program in the past? Please detail previous grant amount(s), and if outcomes from previous award(s) were met.** Click here to enter text.

**Project Narrative/Synopsis (250 word maximum):** Click here to enter text.

**How is this project a response to a health priority in the Liberty Hospital service area?** Click here to enter text.

**What are the main outcomes for which you are requesting support?** Click here to enter text.

**How will outcomes be evaluated?** Click here to enter text.

**Describe how this project is a collaborative effort (if applicable):** Click here to enter text.

**Amount of funds requested from the LiveWell Grant Program  
NOTE – The 2019 LiveWell Grant Committee plans to award up to 10 grants of $10,000 each:** Click here to enter text.

**Identify other sources of support for this project (indicate if funding has been secured):** Click here to enter text.

**What is the sustainability plan for this project?** Click here to enter text.

**The Liberty Hospital Half Marathon is the primary source of funds for the LiveWell Grant Program. An effort to recruit volunteers and participants, and promotion of the event is expected of awardee organizations. Please describe how your organization(s) will support and raise awareness of the event.**  Click here to enter text.

**Please complete the following information on project beneficiaries:**

1. **How many people will this project serve?** Click here to enter text.
2. **What are the socioeconomic demographics for the population served?** Click here to enter text.
3. **What are the age demographics for the population served?** Click here to enter text.
4. **What are the gender demographics for the population served?** Click here to enter text.
5. **How are clients/ recipients of service selected or found?** Click here to enter text.
6. **Is the population served medically underinsured/ underserved?** Click here to enter text.

**Please attach copes of the following documents with your grant application:**

**Completed budget for proposed project, with detailed income and expenses**

**Any additional:** Click here to enter text.

**SUBMISSION**

With my signature I certify the following: The above information is correct; I am authorized by the governing board of this organization to submit this grant application to the Liberty Hospital Foundation; this organization is in good standing with the IRS, retains its 501(c)(3) tax-exempt status; this organization does not discriminate on the basis of race, religion, sexual preference, physical circumstances, or national origin.

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Printed Name, Head of Primary Agency Title

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Signature, Head of Primary Agency Date

**Please submit grant applications with all required attachments via e-mail by 12:00 p.m. on Friday, February 8 to:**

**Midori Carpenter, Executive Director  
Liberty Hospital Foundation  
E-MAIL:** [**midori.carpenter@libertyhospital.org**](mailto:midori.carpenter@libertyhospital.org) **An e-mail will be sent to agency contact within one week of receipt of the application.  
Please contact the Liberty Hospital Foundation if you do not receive this message after your submission.**