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**LiveWell Grant Program
2020 Grant Application**

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

**AGENCY INFORMATION**

**Name of Agency:** Click here to enter text.

**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 your agency:** Click here to enter text.

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

**[ ]  Latest annual report**

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

**[ ]  Latest financial audit (highly preferred); if unavailable, last fiscal year income statement detailing
 sources and use of funds**

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

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

**PROJECT INFORMATION**

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

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

**Amount of funding requested:** 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 (150 word maximum):** Click here to enter text.

**Project Implementation (250 word maximum):** Click here to enter text.

**How does this project directly address one or more of the current priorities of the 2020 LiveWell Grant cycle? (List provided in RFP)** Click here to enter text.

**Which of the six key ZIP codes will be served by this project? List all that apply. How will funds be tracked to ensure proper allocation? (List provided in RFP)** Click here to enter text.

**What are the suspected outcomes of this project?** Click here to enter text.

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

**Describe how this project addresses health equity:** Click here to enter text.

**Describe any collaborative efforts and list supporting organizations (if applicable):** 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.

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

1. **How many people will this project serve?** Click here to enter text.
2. **Describe the population served (socioeconomic status, age, gender, etc.)** Click here to enter text.
3. **How are clients/ recipients of service selected or found?** Click here to enter text.
4. **Is the population served medically underinsured/ underserved?** Click here to enter text.

**Please attach copies 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 Agency Title

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Signature, Head of Agency Date

**Please submit grant applications with all required attachments via e-mail by 12:00 p.m. on Wednesday, March 4 to:**

**Maddison Watkins, Operations Coordinator
Liberty Hospital Foundation****maddison.watkins@libertyhospital.org** **Hard copy applications will not be accepted.**