

Application Coversheet

Applicant and Project Information

Applicant: _____
Project Name: _____
Project Address: _____

Applicant Address: _____
(if different) _____

Email: _____
Telephone: _____

Introductory Summary

Please describe the purpose of the project, who will benefit, the expected health-related outcomes, the organizations involved, the total cost for the project, and the amount requested from the District. In one sentence please state clearly why this project relates to the District's funding priorities as described in the funding guidelines. Also, please state the applicant's current total annual budget, specifying the actual amount of administrative expenses for this project.

Los Medanos Community Healthcare District
Fall 2017 Health and Wellness
Program Application

The Financial Plan for the Project

Please describe the current and future plans for funding this project. Indicate all known funding sources, as well as those that you plan to solicit over time. Describe in detail how you will sustain this project after the District’s funding has ended. Describe what public or private resources you anticipate will support the continuation of this work. Describe the current financial situation of the applying organization and how funding this project will affect its stability. Please state when you plan to need the District’s funding in relation to when you will start the project.

Evaluation of the Project

Please describe the desired outcomes of the project and how the design and implementation of the project as well as the outcomes will be evaluated. Indicate how people in the community, who are affected by the problem and participated in the program, will be involved in the evaluation process. In evaluating, the District seeks to understand not only what was successful about the project but also what did not work and why. The District will seek to review measures by which the success of the project can be evaluated (refer to LMCHD five goals, in program guidelines).

Document Submission Checklist

Please submit the following documents (only those applicable to you):

- Application Coversheet
- Application Form
- Copy of 501(c)(3) documentation (if applicable). In order to apply for funds an organization must be a tax-exempt, 501(c)(3), nonprofit corporation or an entity within the public sector, including school districts and departments of local government. An organization must not engage in discrimination inconsistent with its tax-exempt status and federal and state civil rights laws.
- A list of your organization's current board members with their professional, business and community affiliations.
- Letters of commitment from all other organizations collaborating on the project or providing technical assistance, including statements of their financial, organizational and staff commitments.
- The budget for the proposed project, which includes all known and projected sources of revenue and anticipated expenses. Please include footnotes to each line item with the budget. If possible, please present a project budget in a twelve-month cash flow format.
- Your organization's current total annual budget approved by the board of directors.
- The organization's most recent year-end audited financial statements. If the organization does not have audited statements, then please provide the last year-end unaudited statements, including a balance sheet and statement of income and expenses, which were reviewed and accepted at a board meeting where a quorum was present.
- A list of grants that the applicant agency has received in the past in resume format (if applicable).
- Any other printed materials; e.g., an annual report, brochure, etc., which would describe your organization and its programs in relation to the community.
- List of funders and amounts (see attached).

