

K21 Health Foundation  
2170 North Pointe Drive  
PO Box 1810  
Warsaw, IN 46581-1810  
(574) 269-5188  
(574) 269-5193 Fax



# Grant Application

This checklist will serve as the cover sheet for your application. Please submit the remaining required documentation on this checklist in the order listed below. If an item is not included, please provide an explanation for its exclusion. Application deadlines are February 1, May 1, August 1, and November 1. Applications received after the deadline will be held until the next quarter.

**Organization Name** \_\_\_\_\_

**Type of Organization** (Please check only one box)

- 501(c)(3) public charity
- Governmental or public school entity
- Other non-profit entity (Please describe)\_\_\_\_\_

**Grant Application** (Please be certain the application is completed, including the required signatures)

**Required Documentation for all applicants** (Please submit all of the documents listed below)

- Names and addresses of your Board of Directors or governing body, including term limits and officers

**Budget** (Please check only one box)

- Capital Project/Activity—Please complete the K21 Capital Project/Activity Budget form
- Operational/Program Funding—Please provide a copy of the operating/program (actual results vs. budget) for the current fiscal year and a copy of the proposed budget for the year you are requesting this assistance

**Other Documentation for non-profit entities**

- IRS Tax Form 990 or audited Financial Statements from the two most recent years available

*Please note: If you have submitted an application during previous grant cycles, the **following** items need not be resubmitted unless there have been revisions made to them.*

Articles of Incorporation or Organizational Charter

- Included
- Previously submitted

Organizational Bylaws

- Included
- Previously submitted

Copy of your IRS tax-exempt determination letter (The name on the letter must match the current legal name of your organization)

- Included
- Previously submitted

Applicants should submit the original checklist, application, and required documentation by 4:00 p.m. on the deadline date. For more information, please contact Holly Swoverland, K21 Grant Coordinator, at the phone or address listed above or by e-mail at [holly@k21foundation.org](mailto:holly@k21foundation.org).

# Application Information

Organization Name: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Officer/School Superintendent/Government Official

Printed Name: \_\_\_\_\_

Board Officer/School Superintendent/Government Official

*By submitting this signed application, we release K21 Health Foundation representatives to make inquiries of any other funding source, be it an organization or individual, and to verify and release any listed information as deemed necessary to make a more fully informed decision.*

**Dollar amount requested:** \_\_\_\_\_

**Provide a brief summary of your request:**

FOR OFFICE USE ONLY

## **Organization Background**

1. Date established and brief history:
2. Principal services and purpose:
3. Mission statement (if available):
4. Formal affiliations, associations, or memberships, include both local and national:

## **Project Detail**

1. What is the need your program/project is trying to address?
2. How will your program/project specifically meet the identified need?
3. Please describe any efforts your organization has taken to meet this need with its own resources.
4. What efforts have been or are being made to seek other outside funding sources to meet this need?
5. Specifically how will your organization use the funds requested from K21?
6. Provide specific details on your proposed timeline for this program/project.
7. How, if at all, will the program/project use volunteer participation and citizen involvement?
8. Please share any collaborations, partnerships and joint ventures as they relate to this program/project.

## Expected Benefits/Outcomes

### *K21's Mission Statement*

*We exist for the benefit of Kosciusko County citizens to ensure health care services are provided, and to advance prevention and healthy lifestyles.*

*This will be accomplished by identifying health needs in our community and maintaining an endowment so funding is available, through investments and grants, for those needs.*

1. Explain how your program/project has a clear connection to K21 Health Foundation's mission.
2. Provide specific details about who will be served, benefited or impacted by the program/project.
3. List any other organizations providing the same or similar type of program/project for which your organization is requesting funding and if there has been any attempt at collaboration with them.
4. If future funding needs for this program/project are anticipated, describe how your organization intends to provide for those needs. Please indicate if there are any commitments or guarantees for this future funding.
5. How do you plan to evaluate and determine the successes, benefits, and outcomes of your program/project?

