

2018 Healthy Communities Initiative Mini-Grant Application

Please submit five copies of your grant application to the Floyd Memorial Foundation office by September 1, 2018. Distribution of the grants will begin Fourth Quarter 2018 to qualifying entities. A report of the grant funds utilization, along with outcomes, will be due to the Floyd Memorial Foundation office by December 31, 2019. If discovered that funds were inappropriately utilized, or not used within the timeline, a full refund will be required.

Please provide detailed information	ation. Attach additional pages, if necessary.
Date	Group Requesting
Contact Person	Phone /email
Grant Amount Requested (Max	\$1,000)
1. What is the detailed de	scription and purpose of the project?
2. How will a Floyd Memo	rial Foundation Healthier Communities (HCI) Initiative grant be utilized?
3. How will this project im	pact the Floyd Memorial Foundation HCI priority areas, as identified in our
Community Health Nee	ds Assessment Executive Summary? (found at www.floydfoundation.org)
4. What evidence of need	have you gathered?
5. How have you gathered	this information? (Please include data from the Community Health Needs
Assessment Community	Dashboard at www.floydfoundation.org.)
6. How will the results be	measured?
7. Please attach a detailed	budget for the project, with both the projected revenues and expenses.
8. What is the timeline of	this project?
9. What are the conseque	nces if this grant is not approved?
10. Please attach your non-	profit, 501©3 information.
11. Describe your organizat	ion's mission, vision and purpose.
Approved / Foundation Board _	Date