

# Kingsburg Tri- County Health Care District Grant Application

Please complete and return documentation and information required under the District Grant Policy, Procedures and Guidelines. **Submit a signed original plus a set of 8 copies using a binder clip.**

Provide the following information for the grant applicant, and well as for all partnering and/or subcontracting entities, if any. **Use a separate page for each item listed on page 2 to fully describe required information.**

Applicant Name \_\_\_\_\_

Type of Organization \_\_\_\_\_

Legal status of your business (LLP, nonprofit, etc.) \_\_\_\_\_

Subject of Request \_\_\_\_\_

Total Amount Requested \$ \_\_\_\_\_ How many People Will Grant Serve? \_\_\_\_\_

Is this intended as a one-time or ongoing project? \_\_\_\_\_

Project timeframe \_\_\_\_\_ Lump sum or periodic disbursement? \_\_\_\_\_

How will grant be recognized by recipient? \_\_\_\_\_

Total Years in business \_\_\_\_\_ # of Employees \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Business Licenses, Certifications or Registration # \_\_\_\_\_

## **Individual Accountable for Grant Funds:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing below, the undersigned hereby certifies under penalty of perjury that: (1) information contained within this application is true and correct to the best of my personal knowledge, information and reasonable belief; (2) the grant applicant has read and is familiar with all of the District's grant policies, procedures and guidelines; (3) the grant applicant hereby waives each and all claims and right(s), if any exist to, in any form, appeal or otherwise legally challenge each and all decisions of the Kingsburg Tri-County Health Care District pertaining to this grant application; and (4) the governing body of the grant applicant has duly authorized me to sign this grant application.

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

Print Name and Title\_\_\_\_\_

**The following information is required in relation to the requested grant. Please use separate pages for each numbered item, titling and numbering each page as listed below. We require the following: 1 signed copy of the grant application, with items 1-8 (below) completed and attached, plus 8 additional hardcopies.**

1. **Project Overview:** Include purpose of the grant request. Describe in detail how the funds will promote health and wellness and further the grant goal of fostering quality health services and programs which benefit the residents of the District.
2. **Project Cost:** Itemized budget with explanation of each itemized cost and the need for such, and supporting documentation, such as actual bids or formal estimates, if any.
3. **Partner(s):** List all partners (if any), and their financial contributions for this specific project.
4. **Funding Sources:** List all funding sources for the past 5 years.
5. **Community Need:** Describe specific needs of the District which your project will meet.
6. **Legal Status:** Please provide a copy of your W-9, business licenses and certificates, as well as IRS determination letter if you are a nonprofit.
7. **Contributions:** List previous and ongoing community contributions your organization has made within the past 5 years.
8. **Plans:** Provide drawings or pictures of the proposed project with footnotes for explanations.