2019

**2019 Community Health Grant Awards Application**

**INSTRUCTIONS**

**Before completing this application read the 2019 Community Health Grant Award Requirements & Guidelines** **located at** [www.georgiahealthyfamilyalliance.org/grants](http://www.georgiahealthyfamilyalliance.org/grants). **To be eligible the applicant must be a current medical student, resident or active/life member of the Georgia Academy of Family Physicians.** Thisapplication is a locked Word document. Your answer can be typed directly into the shaded box, or you can “cut and paste” your answer from another document into the shaded box. Typing the answer in a separate document will allow you to spell check and count your words. A note of caution: the format may change once pasted into the shaded box, so be sure to check! **Any part of this application may be submitted as a separate attachment; however, the length of the application *plus all attachments* must not exceed 10 pages.** **Email completed application materials to ksinkule@gafp.org**. **Application deadline is midnight February 1, 2019.** Questions? Contact Kara Sinkule at (800) 392-3841 or send email to the address above.

# APPLICANT INFORMATION

**NAME OF APPLICANT**:

**PROJECT CONTACT INFORMATION** (Name, title, email, phone, mailing address)

**PROJECT TITLE** (Titles that describe the project are best.)

# PROJECT SUMMARY

**Project Supports the Following GHFA Program Priorities** (Choose only ONE):

[ ]  Underserved

[ ]  Health of the Community

[ ]  Other Project (describe)

**TYPE OF PROJECT** (Select only ONE box below):

 [ ]  New/Innovative Project

 [ ]  First Year Project (new to you but not a new program)
 [ ]  Existing Project

**LIST ALL GEORGIA COUNTIES THAT COULD BE IMPACTED BY THIS PROJECT:**

**TOTAL PROJECT BUDGET**: $       **AMOUNT REQUESTED FROM GHFA**: $

**PROJECT PERIOD**: Provide the start date and end date for the project that you are seeking funding for

Start date:       End date:

**EXECUTIVE SUMMARY** (300 words or less): A brief overview of the project

# PROJECT DESCRIPTION

**STATEMENT OF NEED/PROBLEM TO BE ADDRESSED**: Why is this issue important? Include data and supporting information.

**PROJECT IMPACT**: Approximately how many people will be impacted/served by this project/program? Briefly describe the population to be impacted/served by this project?

**GOALS, OBJECTIVES AND ACTIVITIES**: What do you want to change about the problem or situation? For each goal you list, you must list corresponding objectives and activities that will help you achieve the goal. Describe the activities and related timeline.

**EVALUATION TOOLS**: What evaluation tools will you use to measure whether your project has achieved success? How will you determine if and what improvements to the program should be made?

**STAFFING**: Describe how this project will be accomplished using staff, consultants, volunteers, etc.

**COLLABORATING PARTNERS**: Will you have partners engaged in this project? If so, who? Will these partners provide money or in-kind resources?

# ACHIEVEMENTS OF SIMILAR PROJECT PREVIOUSLY FUNDED BY GHFA

 COMPLETE THIS SECTION ONLY IF THIS APPLICATION IS FOR A PROJECT THAT IS THE SAME OR SIMILAR TO ONE PREVIOUSLY FUNDED BY GHFA.: In addition to providing the achievements, this section should explain how the project you are currently applying for has been expanded or improved.

# PROJECT BUDGET – Note: % of GHFA Staffing /Administration cannot exceed 30%

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **GHFA REQUEST** | **OTHER FUNDING** | **IN-KIND Support** | **TOTAL BUDGET BY CATEGORY** |
| **STAFF & ADMIN *Include all staff, interns, consultants, etc..*** | $       | $       | $       | $       |
| **SUPPLIES** | $       | $       | $       | $       |
| **EQUIPMENT** | $       | $       | $       | $       |
| **OTHER** | $       | $       | $       | $       |
| **TOTAL** per Funding Source | **$**  | **$** | **$** | **Grand Total****$** |
| **\*% of GHFA Staffing & Admin** Cannot exceed 30%\***(\*Calculate using GHFA Staff & Admin/Total GHFA Funding)**  |  **\*** **%** |

## \*For example, if total GHFA Request is $2,000, GHFA Staff & Admin cannot exceed $2,000 \*.30=$600.

## **BUDGET NARRATIVE**

This section should be comprehensive and address funding requested from GHFA, as well as funding from other sources and in-kind support. For all categories please explain the need for the cost and how costs were estimated.

# ATTACHMENTS

**DESCRIPTION**: For each attachment provide: a short description of the document, type of file (e.g., Word, PDF) and the total number of pages.

***Deadline to submit this completed application is February 1, 2019. Please submit to ksinkule@gafp.org***