

Community Grant Application

Non-Profit/Organization Name: _____

Mailing address: _____

Contact Name: _____ Phone: _____

Email: _____

Please indicate your status and provide the EIN (IRS letter):

Non-profit with 501(c)(3) Fiscal sponsor has 501(c)(3) Public Entity

What towns will your grant cover? (Mark all that apply)

Barnard Bridgewater Hartland
 Killington Plymouth Pomfret
 Quechee Reading Woodstock

The Ottauquechee Health Foundation improves the health and well-being of people in need who live in the towns we serve. We do this through financial assistance, community partnerships, education opportunities, and support of wellness initiatives.

How does your organization's mission align with our mission?

How long has this organization been in operation? _____

Has this organization received a Community Grant from OHF in the past? _____

If yes, please list year(s), amount(s), and purpose: _____

Please give a brief description of the purpose of this grant request:

Who is the target population that will benefit from this grant?

What evidence or data supports the need for this project/initiative?

What specific health issues or risk factors does this grant request address?

Please provide a timeframe including start date and end dates:

Anticipated number of people served: _____

What are the specific goals and measurable objectives? How will success be measured? What are the anticipated outcomes?

Amount of grant request (up to \$5,000): _____

Please attach breakdown of costs. *The allocation of grant money will be proportional to the number of towns and number of individuals in our catchment area.*

Have you sought funds from other organizations? _____

If yes, from where? Amount? _____

Describe the sustainability plan for this project beyond this funding period.

If this grant is approved, the letter of agreement requires reporting based on the measurable outcomes.