



COMMUNITY HEALTH FUND
GRANT APPLICATION - SHORT FORM
for grants up to \$5,000

Legal Name of Organization: _____

Organization Director: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Proposed Program/Project Title: _____

Amount of Funds Requested: _____ (may not exceed \$5,000)

IRS Number (located on 990 form): _____

IRS tax-exempt status (attach copy): _____

Are you receiving any other funds for this project? ____ Yes ____ No

If yes, please describe: _____

Percentage of agency budget spent on:

- ____ Direct program services
____ Fund-raising and other
____ Management and general operating expenses
100% Total Budget

Is this the first time you are submitting a proposal to the Community Health Fund? __ Yes __ No

If yes, previous funding: Month ____ Year ____ Amount _____

Please attach any promotional materials, such as a brochure or annual report, that describe your organization or this program/project.

I (we) certify that all the information included in or attached to this proposal is complete and accurate.

Authorized Signature of Agency Representative Printed Name and Title Date

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Please attach your responses to the following items, using the Frequently Asked Questions (FAQ) pages in the Grants section of our website at www.ETHD.org as your guide. (Maximum 2 pages total)

1. Program/project description.
2. Program/project goals, objectives and intended outcomes.
3. Program/project target population.
4. Describe the need for the program/project in the Eden Township Healthcare District.
5. Describe your agency's ability to provide the proposed services.
6. How does this program match the Community Health Fund priorities?
7. Detailed project budget showing how ETHD funds would be used.
8. How will the effectiveness of the program be assessed?
9. How will this program or service sustain itself beyond this funding cycle?

Please submit two original copies of the proposal and all required documents to Eden Township Healthcare District, 20410 Lake Chabot Road, Suite 1A, Castro Valley, CA 94546-5367. In addition, send an electronic copy to Barbara Adranly at badranly@ethd.org. Facsimiles will not be accepted. For assistance, please call (510) 538-2031 ext. 201.