

WMVCF

# High Mountain Hay Fever Children's Health Fund

Grant Criteria and Application

## ***High Mountain Hay Fever Children's Health Fund Grant Criteria***

The Wet Mountain Valley Community Foundation (WMVCF) is pleased to announce the High Mountain Hay Fever Children's Health Fund. The High Mountain Hay Fever Festival Association has worked with the WMVCF to establish a designated fund to improve children's health in Custer County. The Festival Association has donated \$50,000 over two years to the Children's Health Fund, and the WMVCF is managing the distribution of the gift to the community based on a grant application and review process.

Areas of children's health that will be considered for grant awards include, but are not limited to, accessibility of healthcare (medical and dental), mental health, after school and pre-school programs, childhood obesity, food insecurity, immunization, developmental screening, child abuse and neglect, smoking and tobacco use and drug and alcohol abuse.

DOWNLOAD THE GRANT APPLICATION [should link to file to be provided soon]

### Grant Application General Requirements

1. Grant awards from the High Mountain Hay Fever Children's Health Fund are intended exclusively to support nonprofit organizations and/or governmental programs in Custer County. The Community Foundation does not make grants to individuals.
2. Applications for 2017 grant funding will be accepted through **March 1, 2017** if postmarked by that date. There is only one grant cycle planned for 2017, however the Community Foundation reserves the right to accept grant applications and make awards from the HMHF Children's Fund as it deems necessary.
3. Grant applicants must use the application form provided by the Community Foundation. Grant applications can be downloaded at the Community Foundation website at [www.wmvcf.org](http://www.wmvcf.org). Hard copies of the application form are also available at the West Custer County Public Library.
4. Applications can be submitted by email. Please send to [kidshealthfund@gmail.com](mailto:kidshealthfund@gmail.com). Applications in hardcopy should be mailed to: WMVCF, PO Box 718, Westcliffe, CO 81252
5. Grants may be requested for all or a portion of the project budget.
6. Approved grant-funded projects shall be implemented in a reasonable timeframe and completed within twelve months from the date of the grant award. Extensions may be considered on a case-by-case basis.
7. Organizations that receive an award will be required to submit brief quarterly updates and a final summary of how the grants fund were used and the impact the project has had within the community. Required updates for short-term projects will be determined on an individual basis.
8. Some priority will be given applications that are:
  - requesting matching funds to support other grant requests to funding organizations outside Custer County,
  - to applications that illustrate collaboration among multiple Custer County nonprofit organizations,
  - or those that are supported by evidence-based programs. A program is classified as evidence-based if it has an existing, tried and true foundation on which to create a needed program.
9. Level of grant awards will be determined based on the applications for 2017. Small and large grant requests will be considered.

# Grant application guidelines

Your grant application should:

- Illustrate the impact of the organization and its project on the health of children in Custer County,
- Demonstrate a track record of developing new projects and successfully managing long-term projects,
- Demonstrate the administrative and fiscal strength and stability of the organization,
- Show how the project addresses an important problem or a critical need in the community in regard to child health,
- Illustrate how successful completion of the project will be measured to demonstrate success,
  
- Outline potential problems and alternative strategies for the project
- Provide a detailed budget.

If you have questions, please email [Kidshealthfund@gmail.com](mailto:Kidshealthfund@gmail.com).

Wet Mountain Valley Community Foundation  
PO BOX 718  
Westcliffe, CO 81252  
<http://wmvcf.org/childrens-fund.aspx>

**HIGH MOUNTAIN HAY FEVER CHILDREN'S HEALTH FUND  
GRANT APPLICATION**

Application Date \_\_\_\_\_

**Organization Information**

Legal Name of Organization: \_\_\_\_\_

Mailing Address (and Physical Address if it is different): \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Organization Email Address: \_\_\_\_\_

Application Contact & Contact's Title: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Brief Description of Organization: (Discuss the original reason for the founding of the organization and how the organization has developed since in 75 words or less.)

Mission Statement (50 words or less):

Year Established: \_\_\_\_\_ EIN: \_\_\_\_\_

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**HIGH MOUNTAIN HAY FEVER CHILDREN'S HEALTH FUND  
GRANT APPLICATION**

Tax-Exempt Status: 501(c) (3)  Yes  No

If **Yes**, is proof of the 501(c) (3) status attached?  Yes  No

If **No**, provide name of fiscal sponsor (enter organization name and address):

\_\_\_\_\_

Collaborating with a 501(c) (3) organization(s) or any other organization(s):  Yes  No

If **Yes**, provide the names of collaborators: \_\_\_\_\_

\_\_\_\_\_

**Project Narrative**

Project/Program Name: \_\_\_\_\_

Requested Amount: \_\_\_\_\_ Total Project Budget: \_\_\_\_\_

Summary Statement (75 words or less):

***(Continued on next page →)***

**Attachments:** *Label each attachment and provide in the order listed.*

Project Description: In a maximum of two pages, provide a summary of the project. Please include the purpose, goals and objectives, and expected impact of the project. Please include the children's health need that is being addressed. Describe how the effectiveness of the project will be evaluated. Include, if the project is to continue in the future, how this will be accomplished.

Project Timeline: Give an outline of the major activities. This information may be presented in a table format. It should include at least the following:

- Activity
- Participating groups/individuals/volunteers and their roles in this project
- Start date
- Target Completion Date
- Individual responsible
- 

Total Budget: Outline the budget requirements for the project. Provide as much detail as possible by separating line items appropriately. Include revenues and expenditures.

Proof of IRS Federal Tax-Exempt Status

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**HIGH MOUNTAIN HAY FEVER CHILDREN'S HEALTH FUND  
GRANT APPLICATION**

**Form Completed by:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director (or authorizing official on behalf of the organization)