

WMVCF

# High Mountain Hay Fever Children's Health Fund Grant

Grant Criteria and Application

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

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.

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.

### 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 will be accepted **January 1** through **March 1**, if postmarked by that date.
3. Applications can be downloaded at the Community Foundation website at <http://wmvcf.org>.
4. Applications can be submitted to [kidshealthfund@gmail.com](mailto:kidshealthfund@gmail.com). Applications in hardcopy should be mailed to: CHF Committee, PO Box 1205, 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. Awardees will be required to submit brief mid-year report and a final summary of how the grants fund were used and the impact the project has had within the community.
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. 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.
- Be filed as one project per grant application
- 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 regarding child health.
- Illustrate how completion of the project will be measured to demonstrate success.
- Outline potential problems and alternative strategies for the project.
- Demonstrate sustainability of the program.
- Provide a detailed budget

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

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: \_\_\_\_\_

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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**Form Completed by:**

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

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

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