



Responsive Grant Program Sample Application Questions

This sample application is intended to provide potential grantees with more information about the types of questions that must be answered in order to apply to Empire Health Foundation's (EHF) Responsive Grant Program.

***Please note:** this is not a formal application and will not be accepted as such. All applications must be submitted online during an open grant cycle. During open grant periods, organizations may apply here:
https://gooddonegreat.com/grants/empire_grants

For cycle dates and more information about the Responsive Grant Program, please visit the EHF website at www.empirehealthfoundation.org.

Sample Application Questions

When applying for a Responsive Grant from Empire Health Foundation, please be prepared to address the following questions and/or topics. Narrative answers are limited to a combined total of 9,000 characters.

1. You will be asked to provide basic organizational information (primary contact information, address, service area, etc.)
2. If your organization will be using a fiscal sponsor, that entity must complete the application on your behalf.
3. **Organizational Background:** Please provide the organization's mission statement and purpose, organizational qualifications, history of accomplishments, governance, area and population served.
4. **Project Title**
5. **Project Overview:** Please give an overview of the project or program for which you are seeking funds (if you are seeking general support, please describe the operation which will be supported by grant funds if received). (Limit 200 characters)

6. Project Focus Area (select all that apply)

- Obesity Prevention
- Mental Health
- Access to Care
- Chronic Disease Control/Treatment
- Dental Care
- Elder Care
- Maternal/Child Health
- Health Sciences Education
- Public Health Education
- Public Policy
- Research
- Wellness
- Care Quality
- Substance Abuse Prevention/Treatment
- Basic Needs
- Immunizations
- HIV/AIDS
- Underserved Populations
- Condition Specific Services (e.g. Autism, Neuromuscular Disorder, etc.)
- Other

7. Project Begin Date

8. Project End Date

9. Total Project Budget

10. Requested Amount

11. Populations Served (select all areas that will be served by this program/project)

- Adams County
- Ferry County
- Lincoln County
- Pend Oreille County
- Spokane County
- Stevens County
- Whitman County
- Spokane Tribe of Indians
- The Confederated Tribes of the Colville Reservation
- Kalispel Tribe of Indians
- Other

12. Approximate number of individuals served

13. Please describe the project and the needs this proposal will address; also explain how your agency or proposal differs from other agencies in the community.
14. Explain how your project or program aligns with Empire Health Foundation's mission, guidelines and funding criteria.
15. Please address here anything else about your organization or project that you think is relevant to your proposal.
16. Please use this space to provide a narrative or story which helps demonstrate or illustrate your program or project (optional).
17. Board/council information: you will be asked to provide a list of current board or council members and include their titles, positions on the board, length on the board, and term expiration dates. In addition, we ask you to define the board's role and structure in the organization (i.e. compensated or volunteer, frequency of meetings, and approximate number of hours per month your board spends working with the organization.)
18. Staff information: you will be asked to identify names, titles and education/experience for all staff members who will be directly working on the project or program for which you are seeking funding.
19. Budget information: you will be asked to provide a budget for your program or project including specific expense items, the amount to be funded by EHF if grant is received, and the amount funded by other sources. You will also be asked to include any in-kind contributions, as well as a list of sources of other funding and the status of that funding (i.e., received, pending, etc.)
20. Documentation: you will be asked to upload your organization's most recent IRS Form 990 or other document stating your tax exempt status if your organization is not a 501(c3) non-profit and therefore not required to file an IRS 990.