



**HEALTHY COMMUNITY PARTNERSHIP GRANT  
APPLICATION FOR FUNDING**

Please submit this completed application to: Healthy Community Partnership Grants, St. Clare Foundation, Inc., 707 Fourteenth Street, Baraboo, WI 53913. Please provide one original and six (6) photocopies of your grant proposal. No binders, folders, plastic inserts, report covers or paperclips, please. Application Deadlines: April 15 and October 15. Grants awarded: June 15 and December 15.

Today's Date \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Project name and brief description:

Amount requested: \$ \_\_\_\_\_

**NARRATIVE** (Please include the following information on back or on attached pages.)

**GENERAL INFORMATION**

- Brief history of organization, including mission
- List of organization's officers and directors
- Attach IRS Letter of Determination under Tax Code 501(c)(3), if applicable

**PURPOSE OF GRANT**

- Description of program or project
- Goals of program or project
- Who and how many will be served
- Geographic area reached with the program or project
- How you will measure and report outcomes
- Timeline of program or project

**FINANCIAL INFORMATION**

- Estimated budget for program or project
- Total operating budget for current year
- Other sources of funding to make the program or project possible – either committed or pending
- Plans for continued funding after the grant period and timeline for funding
- What percentage of funding will go to administrative expenses