



COMMUNITY FOUNDATION  
*of Calhoun County*

---

**HEALTHCARE MINI-GRANT APPLICATION  
COVER SHEET**

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Date organization was established: \_\_\_\_\_ Geographic area served by organization: \_\_\_\_\_

Is your organization: A United Way Agency? Yes / No A Government Agency? Yes / No

Is your organization a member of the Nonprofit Resource Center of Alabama (NRCA)? Yes / No

Current number of employees: \_\_\_\_\_ Previous year number of employees: \_\_\_\_\_

Does organization meet the Core Standards of Operations? Yes / No Does organization have a strategic plan? Yes / No

Does your staff participate in professional development? Yes / No Does your board participate in training? Yes / No

Total annual organizational budget: \$ \_\_\_\_\_ Proposed project budget: \$ \_\_\_\_\_

Provide: \_\_\_\_\_ Current Annual Operating Budget Total Mini Grant request (not to exceed \$5,000) \$ \_\_\_\_\_

Provide: \_\_\_\_\_ IRS Determination Letter, or \_\_\_\_\_ IRS Letter is currently on file with the Foundation

Accounting firm that handles organization's audit and review of funds: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Can the Foundation contact the firm for additional financial information? Yes / No

Person responsible for managing the Mini Grant: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Years this person has been with the organization: \_\_\_\_\_ Does the board approve and support this request? Yes / No

---

**Background Investigation; Agreement to Cooperate**

Applicant agrees that the Foundation, as part of the application process, can conduct a background check including but not limited to, a federal and state criminal records check (e.g. NCIC), a credit report, or other background check (such as references from prior employers or business associates), and that such background check(s) may be made of applicant's officer(s) and employee(s) that will have access to, or control over, any grant that the Foundation may award. Applicant agrees to cooperate in any and all such background checks, which shall include obtaining the necessary and appropriate authorizations and/or releases from such officer(s) and employee(s). Applicant further agrees that the Foundation may, within twelve (12) months of awarding a grant, conduct such background check(s) and agrees to cooperate in any and all such background checks, which shall include obtaining the necessary and appropriate authorizations and/or releases from such officer(s) and employee(s). Applicant agrees to indemnify and hold harmless Foundation from any and all claims, and all costs associated with such claims, including attorney's fees, arising from or related to, any and all such background checks.

\_\_\_\_\_  
Executive Director (print name)

\_\_\_\_\_  
Board Chairperson (print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature





**MINI GRANT PROJECT BUDGET WORKSHEET**

---

1. List the funding amounts your organization will provide in support of the proposed project.

- ◆ Funds budgeted by your organization: \$ \_\_\_\_\_
  - ◆ Funds contributed by your board members: \$ \_\_\_\_\_
- Line 1 Total:** \$ \_\_\_\_\_

2. List any source of third-party contributions supporting the proposed project.

<u>Contributors</u>	<u>Requested</u>	<u>Received</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
	<b>Line 2 Total:</b>	\$ _____

3. Total contributed funds (line 1 total plus line 2 total): \$ \_\_\_\_\_

4. Mini Grant amount requested from the Foundation: \$ \_\_\_\_\_

5. Total of all proposed project expenses: \$ \_\_\_\_\_

✓ The line 5 total must equal the **TOTAL PROJECT BUDGET** listed below.

6. Will your organization accept a partial grant? Yes \_\_\_\_\_ No \_\_\_\_\_

7. If awarded, indicate the date that project funds are needed: \_\_\_\_\_

8. If awarded, indicate payment schedule: Quarterly\_\_ Single\_\_

9. Total number of volunteers who will assist in the project: \_\_\_\_\_

10. PROJECT BUDGET

- General Overhead \_\_\_\_\_
- Materials/Supplies \_\_\_\_\_
- Equipment \_\_\_\_\_
- Transportation \_\_\_\_\_
- Marketing \_\_\_\_\_
- Professional Fees \_\_\_\_\_
- Other (describe) \_\_\_\_\_
- Other (describe) \_\_\_\_\_

**TOTAL BUDGET** \$ \_\_\_\_\_

---