

# COMMUNITY GRANT APPLICATION

## GENERAL INFORMATION

Organization Name or Fiscal Agent, if applicable

Tax ID

Address            City            State            Zip Code

Phone            Fax Number

Web Address

## EXECUTIVE DIRECTOR CONTACT

Prefix            First Name        Middle Initial        Last Name

Title

Office Phone    Extension

E-mail

## REQUEST PRIMARY CONTACT

Same as Executive Director

Prefix            First Name        Middle Initial        Last Name

Title

Office Phone    Extension

E-mail

## PROJECT INFORMATION

Project Title

Request Amount          Health Trust Initiative

Project/Event Date      Location

Target Population        Geographical Area Served

**The Health Trust regularly meets with elected officials to share both the work of The Health Trust and our grantees. Please indicate which of the following Districts the proposed project will impact, if any. You may select up to three districts.**

Santa Clara County Supervisorial District

City of San Jose Council Districts

## PROJECT NARRATIVE

1. Describe the event or project, its primary purpose and how it responds to a need or opportunity.
2. How does the event or project align with one or more of The Health Trust's strategies?
3. Describe the measurable or demonstrated results or outcomes you seek to achieve. If applicable, how many participants do you expect?
4. How will The Health Trust be recognized if a grant is awarded?

## PROJECT BUDGET

Provide a brief narrative of the project budget. Please indicate the cash and in-kind support that is pending and committed to the date.