

COMMUNITY GRANT APPLICATION

GENERAL INFORMATION

Organization Name or Fiscal Agent, if applicable

Tax ID

Address City State Zip Code

Phone Web Address

REQUEST PRIMARY CONTACT

Prefix First Name Middle Initial Last Name

Title

Office Phone Extension

E-mail

PROJECT INFORMATION

Project Title

Request Amount

Project/Event Date

Location

Event Type: Fundraiser
 Service Delivery (e.g. Health Fair)
 Community Education (e.g. Health Conference)

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 the primary Supervisorial and/or City of San Jose District the proposed project will impact, if any.

Santa Clara County Supervisorial District

City of San Jose Council District

PROJECT NARRATIVE

1. If the event is a Fundraiser, describe the fundraising event and how funds generated will support the organization's ability to advance health equity in the community. If the request is for a Service Delivery or Community Education, describe the project and how it advances health equity in the community.
2. Describe the specific results or outcomes you seek to achieve. If applicable, how many individuals will benefit from the proposed event or project?
3. How will The Health Trust be recognized if a grant is awarded?

PROJECT BUDGET

Provide a brief narrative of the project budget, including both cash and in-kind support. In the narrative include the total number of sponsors with dollar amounts who have committed support as well as those sponsors that are currently pending.