

**HAYWOOD HEALTHCARE FOUNDATION, INC.
262 Leroy George Dr.
Clyde, NC 28721
828-452-8343**

GRANT PROGRAM

The intent of the Grant Program is to provide funding to **non-profit organizations, schools and government agencies** to support projects in accordance with our Mission Statement. Our mission is to improve the health status of Haywood County, its individuals and families through educational programs, **grants**, scholarships, and leadership opportunities.

GRANT GUIDELINES

- 1. Grant request must address one of the top 3 Haywood County Community Health Assessments:**
 - Tobacco/Substance Abuse
 - Mental Health
 - Chronic Diseases
- 2. Completed Grant applications will be accepted by mail: Haywood Healthcare Foundation, 262 Leroy George Drive, Clyde, NC 28721, emailed to: info@haywoodhealthcarefoundation.org or faxed to 828-452-8973 by January 19, 2017.**
- 3. Grant applications must be complete in order to be considered for funding.**
- 4. Each grant request is not to exceed \$10,000.**
- 5. Partial funding may be requested.**
- 6. Grants will be awarded at the Haywood Healthcare Foundation, Inc.'s Board meeting in April 2017. We do not issue checks. Grants are reimbursed with documentation and receipts.**
- 7. Quarterly reports are due to the Foundation July 30, 2017; October 31, 2017 and January 31, 2017. The final summary report is due April 30, 2017.**

The first step is to complete the attached Grant Application. Additional information may be provided on a separate sheet. **Please complete all questions and provide as much relevant information as possible. The Grant Review Committee may request a presentation by you and/or site visit.** All applicants will be notified of results.

Grant applications must be submitted to the Foundation Office by January 19, 2017 to be considered for funding. All grant funding requests are first reviewed by the Grant Committee. The final step is approval by the Haywood Healthcare Foundation Board. The Foundation does not discriminate on the basis of race, color, creed, religion, national origin, sex, disability, age, veteran status, sexual orientation, gender identity or expression, marital status or genetic information in its programs or activities. The Foundation reserves the right not to fund any application consistent with this policy.

We welcome the opportunity to help you further improve the health status of individuals and families in Haywood County. Please do not hesitate to call the Foundation Office with any questions at 452-8343.

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info@haywoodhealthcarefoundation.org

GRANT APPLICATION

Organization: _____

Address: _____

Name and Title of person applying for the grant: _____

Phone Number: _____ E-mail address: _____

1. How much are you requesting: \$_____

2. Please provide details of your organization.

3. For what project will the requested money be used? Include all details.

4. Are you requesting funding from other sources? Nature of request.

5. What impact is anticipated and how will it be measured?

6. How many individuals will be impacted by this project?

7. How will your organization benefit from receiving funding for this project?

8. Please provide a detailed budget of intended purchases on a separate sheet if needed.

9. Would you or someone from your organization be willing to volunteer on a Foundation event committee? _____

Signature of Applicant: _____

Date: _____

Print name _____

For Foundation Use only

Grant Committee Approval: _____

Board Approval: _____

Date of Approval: _____