Greater North Clark Healthcare Foundation (Foundation) Proposal Application

The FOUNDATION awards grants for the purpose of health improvement, health promotion and health education in order to directly benefit the residents of north Clark County (except Jeffersonville and Utica Township).

Deadlines: **March, July and November of each calendar year.**

Funding Limits: up to $5000 per year

Eligible Applicants: 501(c)3 non-profits including schools, health agencies, faith-based organizations, and service organizations. The organization does not fund Individuals, previously funded applicants that have not provided requested reports, organizations that are in poor or unacceptable status with Secretary of State, organizations that have filed bankruptcy, organizations who submit incomplete applications

Where to submit: Only electronic applications will be accepted; email complete application with attachments to gnchfgrants@gmail.com.

Review Process: All complete applications will be emailed to the FOUNDATION's Grant Committee for review at their regularly scheduled meeting immediately preceding the FOUNDATION's quarterly meeting.

Notification: Applicants will be notified via email within one week of the quarterly meeting.

CONTACT: Email gnchfgrants@gmail.com for questions prior to submission

All decisions of the committee are final. Applicants are encouraged to verify that the proposed topic is appropriate for the FOUNDATION prior to submitting an application.

Organization Info:

Organization Name	
Organization Address	
Website	
Tax ID number	
Contact name & Title	
Phone	
Email address	
Payment	Should award be mailed to the above address? __NO___
	If not, where? 6857 Ridge Pointe Way, Charlestown, IN 47111

Criteria:

Is this organization 501 (C) 3? Yes ___X___ No_____

IF THE ANSWER IS NO, PLEASE DO NOT PROCEED WITH THIS APPLICATION.

Has this organization received a grant in the past? Yes___X____ No_____

If yes, please indicate project name, amount and date: Replacement Catcher's gear for baseball and softball to make league compliant with safety standards $4898.65, March 2022

Did the organization provide follow-up report to the foundation? Yes__X___ No_____

** Application will not be considered if follow up was not completed

Proposal:

Title of Proposal	Safety bases and pitching screens
Amount Requested:	$4990.00
Date requested by:	August 1, 2023
If this a Match Grant?	No

(If these funds will be used as part of a match request, evidence of the match must be submitted with the request such as who will match the funds, how much, what time frame, etc. A letter or letters of the match must be included with the application.)

Application: (please answer each question in paragraph form):

1. What is the purpose of this proposal? What do you plan to do with these funds? SCLL plans to replace all the field bases, in an effort to bring the park up to Little League international Safety code. The existing bases are out of date and in need of replacement. We are also requesting safety pitching "L" screens for each field.

2. Where will the funds be used? (be as precise as possible: Charlestown, New Washington schools, fire dept, etc) Silver Creek Little League at Silver Creek Township Park.

3. Who is the Target audience? (i.e., 8th grade students at CMS, elderly persons in) Silver Creek Little League participants

4. What are your projected outcomes? (i.e., swim education in a certain community, diabetic education, provide healthy living information for 400 persons, etc) What is the goal of this project? The goal is to ensure that SCLL kids can continue to safely participate in practice and game activities at the park.

5. Who will perform the work? What is their experience or qualification? When will the work be performed? What equipment will be purchased? SCLL Board members will perform the work. We replaced the bases previously during my first year as president, roughly 9 years ago. We will purchase 5 sets of Rogers bases and 5 Tuffscreen "L" screens.

6. What is the evaluation plan? How will you know that you have accomplished what you proposed? (i.e., Participants will be evaluated on diabetes warning signs; students will be tested….) How will you know if your goal from question 4 is met? We will know the goals were met when the installation is complete, because the fields will be released for play.

7. How will you advertise this program? How will you acknowledge the Greater North Clark Health Foundation's contribution to this project? (i.e., social media post, picture opportunity, logo in printed material, etc) We will acknowledge the GNCHF through our Facebook and Twitter account as well as a mass email to our 2023 participants.

Budget for this proposal:

Budget should be as complete as possible including the following:

- Line items for each spending category including where items will be purchased, how many, and cost for each individual item. This would include cost of people providing the services
- Total amount requested from the organization
- Total budget for the project including self funding or matching amounts. Please be specific about who is providing any funds over the amount requested
- Examples of budgets or assistance can be provided upon request

Budget Proposal:

Item	Purchased From	Quantity	Cost	Total
Tuffscreen "L" Screen	Beacon Athletics	5	$399	1995
Rogers Breakaway bases	Beacon Athletics	5	$599	2995
BUDGET PROPOSAL TOTAL				4990.00

Funds are to be spent within the grant period. Funds not expended are to be returned to the FOUNDATION within 30 days of the end of the program. The FOUNDATION requires receipts for all purchases and expenditures to be sent to the FOUNDATION's Post Office Box within 30 days of the end of the program. Funds must be sent within the categories as requested. Funds spent outside of the requested purpose will be refunded to the FOUNDATION and the applicant will not be eligible for FOUNDATION funding for two years. The following address is to be used for return of funds:

Greater North Clark Heath Foundation
P. O. Box 232
Charlestown, IN 47111-0097

You received a grant from the foundation, what now?

1. You will receive a check within 4 weeks following grant approval
2. Please contact _____Brett Lyvers_____ to arrange the PR opportunity
3. Keep your receipts as part of follow up
4. Complete the follow-up section

Follow-up after completion of your proposal:

1. Please include copies of your receipts to show proof you stayed within your budget. If the budget was not followed, please explain.
2. Did you meet the goal of your proposal? How? (please include number of persons reached and how you evaluated the effectiveness of what you provided)(please report on questions 3,4,& 6 from the application)
3. Was the foundation acknowledged? If so, how?