



GRANT APPLICATION

Organization Name: _____

Address: _____

Telephone Number: _____ Contact Person: _____

Title: _____ Email Address: _____

PROJECT INFORMATION:

Project Name: _____ Project Date: _____

Please attach a detailed project budget

Dollar (\$) Amount Requested: _____

How many people will this project benefit? _____ How many live in Hancock County? _____

Will this project benefit counties other than Hancock County? _____

If yes, please list counties benefitting: _____

Pages may be attached with answers to the following questions.

A. Please describe the mission of your organization: _____

B. Please describe the nature, purpose, and benefits of the project for which you are requesting support: _____

C. Who else in the community is working on this project? What will you do that is better or different than existing programs?

D. Who has given or pledged funds for your project? Where else are you seeking funds? _____

E. How will this project be financed in the future? _____

F. How will you monitor and evaluate the results of this project? _____

G. Is money needed for equipment*? _____ How much? _____

*Please supply a quote from supplier and manufacturer product information.

Please limit proposal to 3 pages in length. Omission of requested information may cause a delay in processing the application.

Applicant Name (please print)

Applicant Signature

Date of application

SEND APPLICATION AND DOCUMENTATION TO:

Hancock Health
ATTN: AMY KIRKPATRICK
801 North State Street
Suite 250
Greenfield, IN 46140
Inquiries: (317) 468-4177 or
akirkpatrick@hancockhealth.org

FOR HH USE ONLY:

Date received by Hancock Health: _____

COMMENTS: