

Coverys Community Healthcare Foundation

Grant Request Cover Sheet

Please submit with completed proposal

Date of Application: _____

Legal Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____ Phone: _____

Project Contact: _____

Email: _____ Phone: _____

(If different than organization address)

Address: _____

City: _____ State: _____ Zip Code: _____

Project/program name: _____

Amount Requested: \$ _____ Total project budget: \$ _____

Period this grant will cover: _____ / _____ / _____ to _____ / _____ / _____

Organizational Information

EIN: _____

IRS 501(c)(3) nonprofit? *(check one)* Yes No

If no, please identify your type of legal entity and your tax status: _____

Is your organization a Coverys insured? *(check one)* Yes No

Is your organization a United Way affiliate? *(check one)* Yes No

Year organization was established: _____

President/Executive Director: _____

Email: _____ Phone: _____

Organization's total annual budget: \$ _____

Fiscal year end: _____ / _____ / _____

Total number of staff: _____

Total number of Board members: _____

Names of Board members:

Organizational mission statement:

Brief description of organization:

Population served: _____

Geographic reach: _____

Project Information (please include information described within the Grant Funding Guidelines (last page)):

Description of proposal:

Provide needs statement including baseline metrics:

Include total project budget and identify how Coverys funding will specifically be used.

Are there other sources of funding for this project? (*check one*) Yes No

If yes, please provide source(s) and amount.

Summarize the proposal and its strategic link with the Coverys Community Healthcare Foundation:

List the proposal's target population, constituents and geographic area served:

List any support from the Coverys Community Healthcare Foundation in the last five years:

Is this project viable without Coverys support? (*check one*) Yes No

If applicable, describe future plan to sustain this effort and strategy for building your funding base.

How did you hear about the Coverys Community Healthcare Foundation Grant Program?

Questions can be directed to Carla Peery at 614.255.4838 or via email at cpeery@coverys.com

**Submissions should be directed to Carla Peery at cpeery@coverys.com or by mail to:
Coverys, 155 E. Broad St., Suite 302, Columbus, Ohio 43215.**

PLEASE NOTE:

An email confirmation of receipt will be sent, however, please follow-up to ensure your application has been received.

Coverys Community Healthcare Foundation

Request for Grant Funding Guidelines

Profile of your organization

- Organization's history
- Organizational goals and objectives (short-term and/or long-term)
- Programs and services
- Organizational structure and size (board, staff, volunteer involvement)

Profile of your request

- Description of program/project, including baseline metrics supporting need, goals, project timeline, objectives and desired outcome, plan to evaluate outcomes.
- Needs and/or challenges that this effort will address
- Specific activities and timetable for meeting stated objectives
- Explain how funds will be used
- Identify those organizations, if any, with which you collaborate
- Future plan to sustain this effort and strategy for building your funding base

Evaluation

- Define your criteria for success for the organization or project
- Outline your evaluation process, such as participation by your constituency(ies)

Attestation

By submitting this request, we agree that we will use the funds for the purposes described in this application, and in accordance with any requirements of Coverys set forth in an approval. We understand that no grant funds may be used to attempt to influence legislation, to influence the outcome of any specific public election, or carry on, directly or indirectly, any voter registration drive or to advance any purpose other than the charitable purposes.

In addition, we attest that in carrying out our operations, we do not unlawfully discriminate on the basis of race, creed, color, gender, national origin, religion, marital status, age disability, sexual orientation, or status as veteran to any extent discrimination is prohibited by law. We understand that if Coverys becomes aware that the grant funds are not being used for the purposes described above or that we have engaged in any form of impermissible discrimination, Coverys reserves the right to be reimbursed for any amounts so diverted, and will withhold any future payment of grant funds.

Attachments

- Project Budget
- IRS letter confirming tax-exempt status (501(c)(3) and 509(a)) (if it exists)
- Background of key personnel
- Current Board list with relevant backgrounds, affiliations, and towns of residence
- Financial information:
 - Total board approved organizational budget for the fiscal year(s)
 - Most recent independent audit (if required by law)
 - Year-to-date financial statement for current fiscal year
 - List of companies and other organizations being approached to fund this proposal, with dollar amounts, indicating which sources are committed, pending or anticipated.