

2020 Community Seed Grant Application

1. PROJECT INFORMATION

Project name:

Project location(s):

Lead organization:

Organization address:

Lead contact:

Contact email:

Contact phone #:

Collaborating organizations: (if applicable)

2. HEALTH EQUITY ISSUE/NEED TO BE ADDRESSED

What is the health equity/disparity issue or problem and why is it important to address it now?

3. "SEED" COMPONENTS

Will these funds be used to support a new program or add a new component to an existing program?

New program

New component to existing program

- If funds will be used for a new program, please describe the program, how it was developed, and how you plan to get the work started.
- If you will use the funds to expand, enhance, or evaluate an existing program, please describe the need for this additional activity, along with a brief description of the larger project.

4. TARGET POPULATION

Who will be served by this project, and how many individuals will be reached? Describe why you have chosen to target this population.

5. PROJECT ACTIVITIES

Provide a brief description of what activities are involved and time needed to complete them. Include the role of the lead organization and collaborating organizations.

6. IMPACT

How will you measure your project's impact, or how will you know if you have reached your goals?

7. SUSTAINABILITY

How is this project designed to be sustainable once seed grant funding runs out? Describe how it will lead to a larger or continuing effort.

8. GRANT BUDGET

The template includes a list of possible expenses. Provide itemized costs only in each category for which you are requesting funds.

EXPENSE CATEGORY	Total Budget	Funds Requested
Staff (include rate and time required)		
Consultant/Purchased Services (include rate and time required)		
Other personnel costs (training, technical support, stipends, etc.)		
Supplies (printed materials, meeting supplies, etc.)		
Food/Refreshments (number served, cost per person, other)		
Travel (mileage, public transit, other)		
Other (translation, childcare, postage, etc.)		
TOTAL PROJECTED EXPENSES		

9. BUDGET NARRATIVE

Briefly explain and justify the costs for the funds you are requesting:

- **STAFF:** Include the hours, wages (per day or per hour), and duties of each grant-related position

- **CONSULTANT/PURCHASED SERVICES:** Include the type of work to be completed by the consultant and the amount of time required by the consultant to complete the project

- **OTHER PERSONNEL COSTS:** Include the cost of training, type of technical support provided, amount of stipends, etc.

- **SUPPLIES** (printed materials, meeting supplies, etc): List items needed to complete the proposed project

- **FOOD/REFRESHMENTS:** Include brief description of amount of food provided

- **TRAVEL:** Mileage reimbursements, public transit

- **OTHER:** Include brief description of other items not mentioned above