

CaroMont Health Foundation supports CaroMont Health's mission to promote health and wellness in the communities served by CaroMont Health. Community organizations that sponsor programs that directly support CaroMont Health's mission are invited to complete a grant application. To be considered for a Foundation grant, please follow the guidelines listed below.

Grant Guidelines for Community Organizations:

1. Requests must be for projects that directly support CaroMont Health's mission.
2. Requests must be for projects that have a primary impact in the communities served by CaroMont Health.
3. Grants will be made only to tax-exempt public charities as defined in section 501(c)(3) of the U.S. Internal Revenue Code.
4. To apply, please complete the Grant Application for Community Organizations and provide the following supplemental information:
 - Overall operating budget for the organization
 - Budget for proposed project, including income and expenditures
 - List of Officers and Board of Directors
 - Most recent financial audit or year-end financial statements
 - Copy of official notice of tax exempt certification under Section 501(c)(3) of the U.S. Internal Revenue Code
5. Funds awarded must be expended only for the stated purpose on the application.
6. Funds must be spent within one calendar year of the approval date.

Please return this completed application to the attention of
Ashley Shehan, Foundation, c/o CaroMont Health Foundation,
2525 Court Drive, Gastonia, NC 28054.

All applications are due September 16, 2011 by 5:00 p.m. Please note that all approved funds must be spent within one calendar year of the approval date.



Grant Application

Name of Organization: _____

Tax Exempt Number: _____ Contact: _____

Title: _____ Email: _____

Telephone Number: _____ Fax Number: _____

Address: _____

Chairperson, Board of Directors: _____

Project Title: _____

Amount Requested: _____

Briefly summarize request for funds.

- 1. ORGANIZATION** What is the purpose of your organization, and whom does it serve?
(Include geographic area served.)

- 2. NEED** What problems, or needs, will this project address? How was the need determined?

- 3. PURPOSE** Explain the specific goal of this project in meeting the problem or need.



- 4. PLANNING OUTLINE** What specific steps are necessary to complete the project?
(Include timetable.)

- 5. COORDINATION/COLLABORATION** Who else in your community is working on this problem? What will you do that is better or different from existing programs? How will you coordinate with them?

- 6. “GRASS ROOTS” RESOURCES** What efforts will be made to utilize existing human, physical or financial resources within the community or population being served in order to maximize positive impact of the requested grant?

- 7. PERSONNEL** Describe the organization’s capacity to undertake the proposed project, including qualifications of staff involved.

- 8. OTHER FUNDS** Who has given or pledged funds for this project? Where else are you seeking funds?



9. FUTURE FUNDS If this is an on-going project, how will it be financed in the future?

10. SUPPORT Please list the names of community leaders and organizations that endorse this project.

11. EVALUATION How will the project be monitored and the results evaluated?

12. IMPACT Describe the effect of this project on the organization, clients, and the community.

13. PRIOR GRANTS If your organization has previously received a grant from the CaroMont Health Foundation, please list below:

Date: _____ Grant Amount: _____

Project: _____

Results: _____

14. OTHER Briefly share other information you feel is relevant to our consideration of this



FOR FOUNDATION USE ONLY:

Received Date: _____

VP of Public Policy and Partnership:

Signature: _____ Date: _____

CEO:

Signature: _____ Date: _____

Foundation Board Action: _____

Date: _____

CaroMont Health Board Action: _____

Date: _____

Grant Category: _____

Granted Amount: _____