

# Community Voices

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## *Partnership for Better Health*

### **Project Name\***

What is the name of your Project?

*Character Limit: 150*

### **Project Description\***

Please provide a brief description of your proposed project.

*Character Limit: 600*

### **Previous Grant\***

Have you ever received any grant from the Partnership for Better Health?

#### Choices

Yes

No

### **Grant Number\***

*Character Limit: 10*

### **Requested Amount\***

What is the total amount of your grant request?

*(min grant size \$500, max grant size \$10,000)*

*Character Limit: 20*

## *Fiscal Sponsor*

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**If your request is under \$2,000, this question is not applicable to you.\***

**For requests \$2,000 and over**, please indicate your organization type from one of the types listed below.

*Note: We can help you to understand how to find a Fiscal Sponsor that will serve as your 501(c)(3).*

#### Choices

LLC

501(c)(3)

Partnership

Corporation

Individual with Fiscal Sponsor

Individual without Fiscal Sponsor

## Grant Details

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### W-9 Form\*

All applicants are required to submit a signed and dated (within the past 12 months) W-9 form to receive funding. Please upload your most recent W-9 Form below. If you need to complete and sign a W-9 Form, please click [here](#) to access the IRS form and upload it below.

Please enter your Tax ID # on the W-9 form if you are a 501(c)(3) organization.

Please enter your Social Security Number on the W-9 Form **ONLY** if you are:

1. *Applying for **LESS** than \$2,000, and*
2. ***NOT** a registered 501(c)(3) organization, and*
3. ***NOT** using a Fiscal Sponsor.*

Feel free to reach out to the Grants Team ([grants@forbetterhealthpa.org](mailto:grants@forbetterhealthpa.org)) if you need any assistance.

*File Size Limit: 5 MB*

### Service Area\*

What regions of our service area will your project affect?

*[See [link](#) to ensure that your project overlaps with our service areas in Perry County, parts of Adams and Cumberland Counties, and the Shippensburg Area].*

### Choices

All regions in the Partnership area  
 Central & Western Cumberland Counties  
 Central Cumberland & Northern Adams Counties  
 Central Cumberland & Perry Counties  
 Central Cumberland County  
 Central Cumberland, Perry & Northern Adams Counties  
 Central Cumberland, Western Cumberland & Northern Adams Counties  
 Central Cumberland, Western Cumberland & Perry Counties  
 Northern Adams County  
 Perry & Northern Adams Counties  
 Perry & Western Cumberland Counties  
 Perry County  
 Western Cumberland & Northern Adams Counties  
 Western Cumberland County  
 Western Cumberland, Perry & Northern Adams Counties

### What motivated you to create this project? Why do you think it is needed now?\*

*Character Limit: 2500*

**Please tell us about your organization (history and successes).\***

If you are applying as an individual, please tell us what equips you to lead this project and more about your leadership journey.

*Character Limit: 2500*

**Goals\***

What are the key goals of your project?

*Character Limit: 2500*

**Benefits\***

Who are the people that will benefit from your project? What are the outcomes that you are hoping to achieve?

*Character Limit: 2500*

**When will your project BEGIN?\***

*Character Limit: 10*

**When will your project END?\***

*Character Limit: 10*

**Health & Wellbeing\***

How is your project connected to improving health, access to health, or supporting well-being?

*Character Limit: 2500*

**Partners\***

If you are collaborating with other people/organizations on this project, please list your partners.

*(Only include the names of people or organizations that have committed to working with you and who have given your permission to include them in this grant request.)*

*Character Limit: 2500*

**Are you planning to pay any of the grant funds to these partners?\*****Choices**

Yes

No

## *Budget*

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**Project Budget\***

Please upload a detailed budget using this **simple template** or upload your existing detailed project budget. Explain why each budget item is important and how it was calculated (e.g. 100

miles of travel at 72.5 cents/mile).

If you need help creating a project budget, please contact the Grants Team at [grants@forbetterhealthpa.org](mailto:grants@forbetterhealthpa.org).

*Character Limit: 5000 | File Size Limit: 5 MB*

## *Electronic Signature*

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### Anything else?

Is there anything else that is critical to the evaluation of your project that you have not already shared? If so, please include a brief note in closing, but please do not feel compelled to enter anything here that you have already communicated.

*Character Limit: 600*

### Full Name\*

Please enter your full name here.

*Character Limit: 100*

### Title

If you are applying as a nonprofit organization, please enter the title of your position at the nonprofit.

*Character Limit: 100*

### Agreements\*

By submitting this application, you agree:

1. That the statements contained in this application are true and correct to the best of my knowledge;
2. That I will use the funds granted as proposed in this application and alert the Partnership for Better Health if there are any key changes in project description, budget or timeline;
3. That the Partnership for Better health may use photos, video and report details in their marketing materials and website;
4. That the Partnership for Better Health welcomes participation by all people regardless of age, creed, gender, physical or mental ability, race, ethnicity, religion and/or sexual orientation and that I agree to follow this non-discrimination policy in my grant project.

### Choices

I Agree

I Disagree

