



P.O. Box 667/ 231 Jefferson Street
North Wilkesboro, North Carolina 28659
336 838-1949

2010 Challenge Grant Program

Application Instructions

The Health Foundation's mission is to improve the health and well-being of the citizens of our area. If you are a non-profit or governmental health or human service agency serving people in Wilkes County, North Carolina you are encouraged to apply for a 2010 Health Foundation Challenge Grant.

According to a recent national survey, 52% of respondents expect the current recession to have a long-term (2 or more years) or permanent negative financial effect on their organizations. At the same time, 93% of organizations providing essential services anticipate an increase in demand for services.

United Way of Wilkes County has notified local agencies to expect cuts of 35% or more in funding levels from prior years. Some state and local grantors have also cut their support.

In response to this, the 2010 Health Foundation Challenge Grant program is designed to help local non-profits encourage support from individuals in order to help build a sustainable comprehensive fundraising or development program. Applications will be accepted through the close of business on March 31, 2010.

Who is eligible

Competitive awards will be made to organizations whose programs and services meet an identified health care need in our community and who have a fundraising event or plan designed to secure unrestricted operational support for their organization.

About the awards

Each award will consist of two components: sponsorship and matching.

- **Sponsorship** Initial awards of up to \$2,500 will be made to sponsor events or programs that directly ask individuals to support the organization.
- **Matching** At the time of the award, organizations will also be given the opportunity to win additional matching money based on the success of their event. Award winners shall recognize The Health Foundation as a sponsor of the event, and use the matching grant as an incentive to ask individual donors to join their cause or increase their support. The definition of "individual donor" is left entirely to the discretion of The Health Foundation. United Way allocations, governmental grants, and pre-existing promises or pledges to give do not qualify for matching grants.

For Example: ABC Health Charity provides treatment and support for children with mental health issues. The organization's leaders are planning to invite potential supporters to an evening of music and magic at a local church. Light refreshments will be served. At the event, supporters will learn about the mission and programs of ABC Health Charity and will be given an opportunity to make a charitable contribution. The Health Foundation is sponsoring the event by providing \$1,000 to help defray the cost of the event. The Foundation has further agreed to match contributions raised at the event \$1 for \$1, up to a maximum set by The Foundation.

Selection Criteria

Awards will be based on the following criteria:

1. Agency serves the health and wellness needs of people residing in Wilkes County, North Carolina.
2. Agency has a demonstrated financial need and can articulate how funding increases or decreases will impact their ability to meet the needs of their constituents.
3. Agency has a well designed fundraising plan capable of attracting support from individuals in the community.
4. Board of Directors of the Agency recognizes its responsibility to provide adequate resources for the organization and is devoting its own time and resources to the project.
5. Agency agrees to recognize The Health Foundation, Inc. as a sponsor of the event.

Non-Eligible Programs:

- Religious organizations, churches, synagogues or other organizations that provide a service which is primarily religious in nature.
- School districts, individual primary or secondary schools (public or private).
- Organizations and activities associated with elementary and secondary schools (either public or private) such as PTA's, PTO's, booster clubs, carnivals, etc.
- Civic clubs, social or fraternal organizations.
- Fundraisers for individuals.
- Athletic programs, events, facilities and organizing committees.
- Political organizations and activities.
- Fundraising programs or events sponsored by or benefiting an organization whose primary focus is national or international (Relay for Life, March of Dimes, Haitian Relief efforts, etc).

For More Information contact:

Heather Murphy, Executive Director
Box 667/ 231 Jefferson Street North Wilkesboro, NC 28659
336 838-1949 or heather@healthfoundationinc.org



Grant Application Form Page 1

Legal Name of Organization:

Mailing Address, City, State, and Zip:

Phone: _____ **Fax:** _____

Website: _____

CEO or Executive Director _____

Phone: _____ **Email:** _____

Application Contact & Title (if *not* the CEO or Executive Director):

Phone: _____ **Email:** _____

Mission Statement:

Fiscal Year: _____

Year of most recently completed audit or financial review: _____

Year of most recent 990 _____ **Geographic Area Served** _____

Tax Exemption Status:

501(c)(3) EIN: _____

Public/Government entity

Other - describe: _____

Grant Application Form Page 2

Fundraising Program/Project Name:

Sponsorship Amount Requested: \$ _____

(not to exceed \$2,500; matching grant will be determined by Health Foundation)

Application Checklist:

- Original copy of completed grant application and questionnaire (paper clipped)
- One copy of prior year actuals and/or one copy of last audited or reviewed financial statement
- One copy of current organizational budget/actuals
- One copy of current, year-to-date financial statement
- List of current board members and affiliation (Example below)

Board of Directors

Board Member	Office and/or Committee	Term of service	Primary professional or community affiliation
<i>John Doe</i>	<i>Board President</i>	<i>2009-2011</i> <i>3rd term</i>	<i>Retired Teacher</i>
<i>Jane Smith</i>	<i>Vice President</i>	<i>2008-2010</i> <i>2nd term</i>	<i>Banker</i>
<i>Myra Jones</i>	<i>Treasurer/ Fund raising committee</i>	<i>2009-2011</i> <i>1st term</i>	<i>Accountant</i>
<i>Doug Wells</i>	<i>Secretary/ Personnel Committee</i>	<i>2009-2011</i> <i>3rd term</i>	<i>Lawyer</i>
<i>Sue Ford</i>	<i>Nominating committee</i>	<i>2009-2011</i> <i>1st term</i>	<i>Parent advocate</i>
<i>Mary Black</i>	<i>Fund raising committee</i>	<i>2009-2011</i> <i>2nd term</i>	<i>Business Owner</i>
<i>Don White</i>	<i>Fund raising committee</i>	<i>2008-2010</i> <i>1st term</i>	<i>Parent advocate</i>
<i>Bob Williams</i>	<i>Personnel Committee</i>	<i>2008-2010</i> <i>2nd term</i>	<i>Neighborhood Representative</i>
<i>Zoe Parks</i>	<i>Nominating Committee</i>	<i>2008-2010</i> <i>2nd term</i>	<i>Realtor</i>
<i>Tim Patrick</i>	<i>Personnel Committee</i>	<i>2009-2011</i> <i>3rd term</i>	<i>Teacher</i>
	<i>Committee</i>	<i>3rd term</i>	

Questionnaire

Please answer the following ten questions using Times New Roman and a font size of 11 points. Keep page margins at 1 inch. Answer the questions as completely and concisely as possible. Please limit your responses to 3 pages.

1. **What is your mission and vision? If you have any principles or values that are actively used in your programs and management please include them as well.**
2. **What are your signature programs and services?**
3. **Who are your participants and how many will you serve?**
4. **What have you achieved in the past three years for persons in your programs?**
5. **Please provide us with a description of your fundraising project/program.** Tell us if this is a new project or if you have done it previously. How many people do you expect to attract to the event or reach through your solicitation? What is your target fundraising goal? What have you budgeted for expenses? If you have done this previously, include your prior year budget and actuals for the event/program. How will you recognize The Health Foundation's sponsorship?
6. **Describe how you feel this grant will help your organization.**
7. **Please specify the names and qualifications of the key people who will be responsible for the fundraising project/program.** What special skills and/or experience does each of them bring to the project? Indicate whether they are staff members, board members, or volunteers to your organization. This is a critical element in predicting project success. People are more powerful than great plans, a big committee, or even a lot of money in achieving results. Help us understand why these are the right people to achieve the results you propose.
8. **How many board members are serving on the Board of Directors at the time of this application? _____.**
9. **How many Board Members have made a personal financial contribution to the organization in the past 12 months? _____**
10. **How many board meetings have occurred with a quorum of members in the past 12 months? _____**