**Grant Application**

Maternal & Child Health,

Trauma & Injury Prevention, or

Chronic Disease Prevention

**Section One: Overview**

Please provide an overview of your proposal, including:

* Program area (from above)
* Brief description of the proposal
* Purpose and key anticipated outcomes
* Individuals or communities served
* Amount of funding requested
* Timeline

|  |
| --- |
|  |

**Section Two: Organization information**

Please provide your organization mission statement.

|  |
| --- |
|  |

Tell us about the history of your organization.

|  |
| --- |
|  |

Tell us about your current programs and activities.

|  |
| --- |
|  |

**Section Three: Proposal details**

Please describe the problem or need which you seek to solve, include any relevant data.

|  |
| --- |
|  |

Please describe the purpose and list SMART (specific, measurable, achievable, realistic, and timely) objectives of your proposal

|  |
| --- |
|  |

Please provide your proposed budget.

|  |
| --- |
|  |

Please list any partners in this proposal, your relationship with them and their role.

|  |
| --- |
|  |

Please describe your plan for sustainability of the project or initiative after the grant award has been exhausted.

|  |
| --- |
|  |

**Section Four: Evaluation information**

Please describe the desired measurable outcomes and their anticipated timeline.

|  |
| --- |
|  |

Please describe how you intend to measure and report on the effectiveness of the proposal.

|  |
| --- |
|  |

**Section Five: Contact information**

Name.

|  |
| --- |
|  |

Address.

|  |
| --- |
|  |

Phone number.

|  |
| --- |
|  |

Website.

|  |
| --- |
|  |

Email address.

|  |
| --- |
|  |