

ALTA HEALTHCARE DISTRICT

GRANT APPLICATION FORM

The Alta Healthcare District ("District") exists primarily for the purpose of providing services that enhance the healthcare needs of all persons living within the boundaries of the District. As part of its mission it supplies grants to other governmental agencies and non-profits whose programs assist the District in fulfilling its responsibilities.

Organization Name:			
Street Address:			
City:	State:	Zip:	Telephone:
Web Address:			Fax:
Contact:			E-mail:
Give a Brief History of Your Organization and its Purpose:			
Give at Least Two References for Your Organization:			
Reference #1		Reference #2	
Name:		Name:	
Contact:		Contact:	
Phone Number:		Phone Number:	
Fax Number:		Fax Number:	
E-mail:		E-mail:	
Annual Budget Last Year: \$		Percent for Administration: _____ %	
Amount Requested: \$		Date Needed:	
(if there are various giving levels available please attach materials explaining each level)			
Explain if Funding Will Be Needed in the Future to Sustain the Ongoing Use of the Funding:			
What Other Sources or Matching Funds are Available:			
Have You Received Prior District Grants?: Yes - No		If Yes, When:	
How Were Those Grants Used?:			

<p>Brief Description of Planned Use of the Grant (Provide financial breakdown):</p>
<p>Describe How this Grant Will Help Address Public Health Needs:</p>
<p><u>Describe the Use of the Grant in the Following Areas:</u> The Geographic Area Served:</p> <p>Who are the Persons to be Benefited ?:</p> <p>Described the Benefits to be Received?:</p>
<p>Describe How You Collaborate with other Organizations in the Community? (describe):</p>
<p>How will the District's Grant be Recognized?:</p>
<p><u>Submittal Verification:</u> On behalf of the above named organization, I certify that the information contained in this Application is true and correct. Further, I certify that the organization does not support political candidates for office or exist for primarily partisan political purposes. Additionally, I certify that none of the grant will be used to campaign for or against issues to appear on any ballot. Finally, I certify that the organization is qualified as tax exempt under IRC 501(c)(3) or is a governmental entity</p> <p>Dated: _____ Print Name _____</p> <p style="text-align: center;">Signature</p>

Position

Formal Presentations to the Board will be required for all Applications of over \$10,000 if the grant request passes preliminary review. All presentations are limited to 10 minutes unless waived by the Board.

The Board has set certain priorities (see Grant Policy) for use of its funds. While these are only guidelines and not absolute requirements it is helpful if you are requested to make a presentation to the Board that you explain how your request advances those priorities.

Please attach any additional material which you feel will be of assistance to the District in assessing your request.

All Applications must be submitted to one or more of the member of the Alta Board. It is at the discretion of the individual Board member whether to make a preliminary recommendation to the Board. See the Alta website for contact information for the Board.