

Large Grant Application Form

**Proposal Overview**

Organization Name:

Organization Address:

Organization contact person:

Contact telephone number:

Contact email address:

Proposal title:

Proposal summary (one to two sentences):

Which grant criteria does your project meet directly?

* Diabetes
* Hypertension
* Mental health (mental illness, substance abuse, and/or other addiction)
* Healthy start for children
* Healthy Weight

Projects that do not align directly with one of the above criteria will not be considered.

Target population; for example, early childhood 0-5yr, youth 13-20, adult 21-54, older adult 55+, all ages:

Geographic area served (by county):

(Applications will be accepted ONLY from the following WI counties: Clark, Florence, Forest, Iron, Langlade, Marathon, Oneida, Portage, Price, Shawano, Taylor, Wood, and Vilas.)

Funding amount requested:

Total project budget:

Has your organization received funding from the Aspirus Health Foundation in the past? [ ]  Yes [ ]  No

**Proposal Narrative**

*Proposal Background*

How did you determine a need for the program/services? Why is it important?

Are there other entities working to solve the same problem?

*Proposed Activities*

What program/services will you offer? If applicable, is your program based on proven or evidence based projects? How does it align with the Aspirus Health Foundation’s stated priorities?

Are you collaborating or partnering with other organization(s) to achieve your goal?

*Method for Tracking and Calculating Measureable Result(s)*

What do you expect to be the ultimate result(s) of your grant program? Please use SMART goals—Specific, Measurable, Attainable, Relevent, and Time-bound.

How will you track program data so that you can calculate and report on the final result?

*Marketing*

What is your marketing plan? Outline how the Aspirus Health Foundation will be recognized in your marketing and other print or promotional material.

*Organization Information*

Your organization’s mission statement.

A brief overview of your organization’s top three related current programs and activities demonstrating why your organization is best equipped to administer this program.

*Financial Information*

Attach your line-item budget and budget narrative using the template available online.

*If you have questions, please contact the Foundation at ahf@aspirus.org.*