



## REQUEST FOR FUNDING APPLICATION

For application FAQs, please visit [phfgive.org/faq](http://phfgive.org/faq)

### PHF Mission:

To positively influence a healthier community through enhanced philanthropy and collaboration.

### PHF Vision:

To influence a shared vision.  
To foster collaborations and partnerships.  
To build community capacity to shape outcomes.

## FUNDING ELIGIBILITY

- Please refer to Grant Policies and Guidelines on our website.

## APPLICATION SUBMISSION

All application requests must be submitted on the Request for Funding Application form **at least two months in advance** of the project start date and must be received in the Portage Health Foundation office no later than the last day of the month to be considered at the next PHF Grants Management Committee meeting (e.g., project start date of 1/1/20 – application is due 10/31/19). **If you are responding to a specific Request for Proposal, please note the deadline date(s) for submission of the application material within the RFP instructions.** Return completed applications to:

Portage Health Foundation  
400 Quincy St., PO Box 299  
Hancock, MI 49930

Phone: 906.523.5920  
Fax: 906.523.5925  
email: [info@phfgive.org](mailto:info@phfgive.org) (as a PDF)

We consider applicants regardless of race, color, religion, sex, national origin, age, marital or veteran status.

*Submission of an application is not an implied guarantee of funding.*

## APPLICANT INFORMATION

Organization Name: \_\_\_\_\_ EIN/Tax ID #: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Organization Type:  Non-Profit  School  Government

Organization Address: \_\_\_\_\_  
Street/PO Box City State Zip

Project Contact: \_\_\_\_\_  
Name E-mail Telephone

Who will be responsible for grant reporting requirements: \_\_\_\_\_  
Name Contact Information

Member authorized to submit application: \_\_\_\_\_  
**(e.g., CEO – see FAQs on website for acceptable signatories)** Name Position

Authorized member's signature: \_\_\_\_\_

*PHF is unable to provide funding for individual or family fundraisers.*

## PROPOSAL INFORMATION

Request for Proposal ID # \_\_\_\_\_ (if applicable)

Project Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Project Start/End Dates: \_\_\_\_\_ Is this an existing project?  Yes  No

Amount Requested: \$ \_\_\_\_\_ Date Funding is Needed: \_\_\_\_\_

Is this a multi-year project?  Yes  No

Is this request needed to obtain or match another grant?  Yes  No

If yes, please describe the other grant or match requirements: \_\_\_\_\_

Is there additional funding for this project available from other committed or potential sources (not including a matching grant)?  Yes  No

If yes, please specify: \_\_\_\_\_

If no, would you be willing to accept partial funding?  Yes  No

If yes, how will you fund the remainder of the project? \_\_\_\_\_

Please select our funding priorities that apply to this request:

- |  |  |
|--|--|
| <input type="checkbox"/> Increase Access to Education  | <input type="checkbox"/> Mitigate Poverty                        |
| <input type="checkbox"/> Reduce Hunger and Poor Nutrition  | <input type="checkbox"/> Build Safer Communities                 |
| <input type="checkbox"/> Provide Access to Support Healthy Living                                | <input type="checkbox"/> Support Medical Research and Innovation |
| <input type="checkbox"/> Improve Physical, Mental, Emotional and Spiritual Health and Well Being |  |
| <input type="checkbox"/> Other: _____  |  |

- This project:  addresses an unmet community need  
 is duplicated in the community  
 is a collaborative effort

## TARGET POPULATION

Please select the population targeted for this project:

- Broader Community  Low Income  Persons with Disabilities  Uninsured/Underinsured  
 Other: \_\_\_\_\_

Gender Served:  All  Male  Female  Other, please list: \_\_\_\_\_

Age Group Served:  All  Ages 0-5  Ages 6-12  Ages 13-17  Ages 18-24  
 Ages 25-34  Ages 35-54  Ages 55-64  Ages 65+

Anticipated Number of Persons Served: \_\_\_\_\_  per Month  per Annum  per Project/Activity

County Served:  Baraga  Houghton  Keweenaw  Ontonagon

### HOW DID YOU HEAR ABOUT PHF?

Website  Radio  TV  Newspaper  Mail  E-mail  Word of Mouth  Social Media

Would you like to receive the PHF Monthly Newsletter?  No  Yes, e-mail: \_\_\_\_\_

### PROPOSAL NARRATIVE

Applicants **must answer** all of the questions listed below. If the question is not applicable to your grant, please answer "not applicable." Please use a separate sheet(s) of paper for your answers and attach to your application. **PHF will not consider incomplete applications.**

#### Need Statement:

- 1) What "community need" or "health risk" are you proposing to address?
- 2) What data can you cite that supports your need statement?
- 3) What programs will be initiated that are directly supported by this funding?

#### Objectives:

- 4) What resources (human/capital/equipment) will you need (that you don't already have) to carry out the tasks identified in this proposal?
- 5) What are the goals/objectives of this proposal, and how will you measure progress and/or successful outcome? Include a timeline or milestone chart if appropriate.
- 6) What will you ideally have at the conclusion of this grant that you don't have now?
- 7) What will be the long-term impact of this project?

#### Collaboration/Partnership:

- 8) Who will you be collaborating or partnering with to fulfill this proposal; what resources have they committed to bring; and how will this better enable the successful achievement of the desired outcome(s)?

#### Sustainability:

- 9) What sources of sustainable funding have you secured to support this proposal on an ongoing basis once the PHF funds have been fully expended?
- 10) Does the proposal have the potential to be replicated in other settings, including opportunities for learning, knowledge dissemination, and inform public-policy?

**Innovation:**

- 11) Please specify any related or similar programs that exist in the Western Upper Peninsula.
- 12) Is there potential to achieve significant long-term impact by implementing effective models or supporting need innovation?
- 13) Describe how your organization demonstrates the use of industry standards, best practices or science-based methodologies as appropriate to create a stronger more successful community outcome?

**Mission:**

- 14) How will this project strengthen your organization, enable you to deliver programs or services more effectively, and better achieve your organization's mission?
- 15) How will your work help further the mission of PHF?

**Additional Documents Needed:**

- 16) Proposal budget (see next page)
- 17) Organization's most recent financial information (balance sheet, income statement and audit letter);
- 18) Form 990 cover sheet (page 1);
- 19) Copy of organization's 501(c)(3) determination letter or other proof of tax exemption.
- 20) Copy of current License to Solicit Charitable Contributions.
- 21) Include letters of support or Memorandums of Understanding in regards to Question #8.

**PROPOSAL PRESENTATION**

A presentation by the requesting applicant to the PHF Grants Management Committee and/or the PHF Board of Directors **may be** required for proposals over \$10,000.

**PROPOSAL BUDGET**

Total Amount Requested: \$ \_\_\_\_\_

**Revenue Sources** (identify revenues related to the grant project as opposed to the organization's overall revenues – do not include amount requested from PHF):

Earned Income:	\$ _____
Corporate/Government Contracts:	\$ _____
Other, please specify: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Revenue: \$ \_\_\_\_\_

**Expense Items** (identify expenses related to the grant project as opposed to the organization's overall expenses):

Salaries/Wages (please breakdown by individual position and attach additional pages if necessary):	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
	\$ _____	FTE <input type="checkbox"/>	PTE <input type="checkbox"/>
Insurance, Benefits, and Related Taxes:	\$ _____		
Consultants/Professional Fees:	\$ _____		
Travel:	\$ _____		
Supplies:	\$ _____		
Printing/Copying:	\$ _____		
Telephone/Fax:	\$ _____		
Postage/Delivery:	\$ _____		
Rent/Utilities:	\$ _____		
Depreciation:	\$ _____		
Indirect Costs, please specify: _____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
Other Costs, please specify: _____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		

Total Expenses: \$ \_\_\_\_\_

**Revenue Over/(Under Expense):** \$ \_\_\_\_\_

*If awarded funding, any expenditure variance(s) to the proposed budget will require a grantee to submit a Grant Amendment Request form.*

## APPLICATION CHECKLIST

Please make sure to submit the following documents as **PHF will not consider incomplete applications:**

- |  |  |
|--|--|
| <input type="checkbox"/> Application                                 | <input type="checkbox"/> Financial Information         |
| <input type="checkbox"/> Proof of Tax Exemption                      | <input type="checkbox"/> Proposal Budget               |
| <input type="checkbox"/> License to Solicit Charitable Contributions | <input type="checkbox"/> Form 990 cover sheet (page 1) |

## PHF RECOGNITION & FOLLOW-UP REPORTING

All grantees are required to recognize PHF as a funding provider on all printed materials and publicity for the project. Please contact the PHF office for our publicity policy and/or logo.

If awarded funding, all grantees are required to submit interim progress reports for the duration of the grant period (e.g., after first six months and then every three months) and a final report. Reports are due to PHF no later than seven (7) days after the reporting period ends (e.g., the reporting period ends 9/30/XX – progress report is due 10/7/XX; grant period ends 12/31/XX – final report is due 1/7/XX). PHF will work with all grantees regarding their reporting schedules. PHF reserves the right to revoke a grant award and/or deny subsequent requests for funding if PHF does not receive follow-up reports from a grantee.

## DO NOT COMPLETE – PHF USE ONLY

Proposal Approved:  Yes  No

Approved or Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Grant Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Check Sent: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_