



Springfield, MO 65808-3195

(417) 885-9155

Fax: (417) 881-1565

www.ohaf.org

APPLICATION

Name of Organization _____ Date _____

Contact Person _____ Telephone _____

Address _____ Email _____

Amount Requested _____ Date funds needed _____

1. Describe your grant request clearly stating the critical health need your request will meet in our community. What is your project's primary goal and your expectation of project impact? How many are directly or indirectly served by this request if awarded? What geographic area does your project serve?
2. Does this proposed project involve collaboration with other agencies to address critical need? If so, please describe.
3. Include your budget for the project and use of grant funds.
4. If this is an ongoing project, what funding sources have been identified to sustain this program? If not ongoing, what is your estimated project completion date? How quickly does the organization anticipate the granted funds will be used?
5. List other sources of funding for this project and include the status of each application.
6. Do you have an associated Foundation? If so, have you approached them for funding this project? Detail their response. If not, please explain.
7. How do you plan to publicize this grant should you receive it?
8. Describe your organization and long-term goals.
9. Please explain how this program will be evaluated including how the program outcomes or impacts will be measured. What data will you collect to demonstrate progress? How will those data be collected and subsequently analyzed?
10. Please provide a brief (100 words or less) summary of your project.

**This is a two page application.

Signature of Board President _____
(to be signed by the president of the grant seeking organization)

Date of Board approval of this grant request _____

Please provide **12 copies** of the following information:

- Application
- Agency mission statement
- List of board members and their addresses
- 501 (c)(3) letter or equivalent
- Most recent form 990 tax return

Please provide **1 copy** of the following information:

- Most current income statement and balance sheet
- Most recent audit. If a recent audit report is unavailable, please indicate why. An audit waiver must be approved by the OHAF board of directors.

When completing the application, please utilize your letterhead to answer the questions in the order they are listed on Page 1.

Please note, your application will be denied if the above questions are not answered or if you did not attach the required enclosures.

As part of the application review process, you may be contacted by a member of our Grant Committee for additional information or a site visit. You may also be requested to make a presentation to the full committee.

The completed application may be mailed to the address below. Please contact the Foundation for hand delivery instructions.

You will be notified of the status of your application following the January or June Board meeting, as applicable to the grant cycle your request falls within.

Thank you.