

Miller County Health Center

2125 Hwy 52, P.O. Box 2
Tuscumbia, MO 65082

Phone (573) 369-2359 **Fax** (573) 369-2350
millercountyhealth.com



Public Health
Prevent. Promote. Protect.

Health and Wellness Grant Application

June 1, 2018- May 31, 2019

Cover Page

Organization:	President/ Director:
Email:	Phone:
Address:	Date Organization Established:
List of Board Members:	
Project Name:	Project Contact:
Phone:	Email:
Total amount of Project Budget:	Amount Requested from Grant (20,000 MAX):

Signature of Organization President or Director

_____	_____	_____
Signature	Print	Date

ATTACHMENT CHECKLIST

- **Cover Page**
- **Completed Grant application (Templates Attached)**
 - Community Need Description
 - Action Plan
 - Budget
 - Budget Justification
- **Proof of 501 (c)3 status or tax-exempt status**

Grant applications must be submitted to MCHC by Friday March 30, 2018.

Applications may be emailed to mchc@millercountyhealth.com, faxed to 573-369-2350, or mailed to 2125 Hwy 2, PO Box 2, Tuscumbia, MO 65082.

Awarded grantees will be required to submit quarterly reports.

Community Need Description

Please provide Miller County Health Center with a brief description of the community health and wellness need/problem for which you are requesting funds. The description should include statistics, sources to support your claims, and other relevant information. Describe how this funding will be used to address the need. If applicable, describe how the project will be sustained or maintained after funding expires (playground upkeep) and include letters of support from partners who sustain or maintain.

Grant Action Plan

PROJECT GOAL:	
<i>What is the ultimate goal of your project? (i.e. To provide more nutritious snack options for children at the school.)</i>	

OBJECTIVE 1:	
<i>Objectives break the project goal into smaller action items. These action items should be SMART: Specific, Measurable, Attainable, Relevant and Time sensitive. (i.e. By September 5, 2018 the concession manager will add sliced apples and grapes to the menu at the football concession stand.)</i>	
Anticipated Outputs:	
<i>Number of widgets distributed, number of people trained, etc. (i.e. During football season, we anticipate selling 500 servings of sliced apples and grapes to concession customers.)</i>	
Key Milestones:	
<i>Events or activities necessary to accomplish the objective. Include estimated dates of completion and deliverables or items you can share with MCHC – survey results, pictures, etc. (i.e. The fruit will be purchased and ready to sell for the first home game on September 5, 2018. Pictures of the menu and other displays will be shared with MCHC.)</i>	

OBJECTIVE 2:	
Anticipated Outputs:	
Key Milestones:	

OBJECTIVE 3:	
Anticipated Outputs:	
Key Milestones:	

OBJECTIVE 4:	
Anticipated Outputs:	
Key Milestones:	

OBJECTIVE 5:	
Anticipated Outputs:	
Key Milestones:	

Grant Budget

This budget sheet is for the proposed project only. Do not provide the total agency budget.
Details will be listed on Budget Justification.

EXPENSES	FUNDS REQUESTED	LOCAL MATCH	TOTAL PROJECT BUDGET
Salaries and Wages			
Fringe Benefits			
TOTAL PERSONNEL EXPENSES			
Space Costs: <i>(Rent, utilities, maintenance, etc.)</i>			
Consumable Supplies <i>(Paper, postage, etc.)</i>			
Program Related expenses <i>(Materials, conference registration, etc.)</i>			
Other Costs <i>(Resource materials, etc.)</i>			
TOTAL NON-PERSONNEL EXPENSES			
TOTAL PROGRAM BUDGET			

Grant Budget Justification

Provide a list of items/services to be funded by the grant. For each item/service, provide the cost, how the cost was determined, and its relevance to the grant goal.

ITEM/ SERVICE DESCRIPTION	ITEM/ SERVICE COST	HOW WAS COST DETERMINED?	ITEM/ SERVICE RELEVANCE
<i>i.e. Apples</i>	<i>i.e Purchased 20 pounds for \$20 (Cost \$1.00/ lbs)</i>	<i>i.e. Reviewed cost of apples at all surrounding vendors to insure the lowest price</i>	<i>i.e. Apples will be sliced and sold at school concession stand</i>