**Two Rivers**

Health & Wellness Foundation

**Grant Application**

*(Please us the* ***Tab Key*** *or the* ***Mouse****, but not the Enter Key, to move between fields.)*

**Grant Period: Organization Name:**

**Project Title:**

**Address:**

**City: State: Zip: Phone:**

**Email:**  **Project Director:**

**Contact Person: Title: Total Budget of Program Covered by this RFP:**  **Amount Requested: Funding Priority Category for This Proposal:**

Maternal, Infant & Child health  Mental /Behavioral Eldercare

Dental Care Health Programs for Medically underserved

**Key Funding Areas That This Proposal Will Focus On (may be multiple):**

Violence Prevention Access to Care Healthy Lifestyles

Transportation Education Housing Inititives Other

**Project Abstract:** *Please summarize your project in one paragraph.*

***Please note:*** *If a grant is awarded, it must be used for the program/project for which funds were requested.*

**Signature of Approving**

**Institutional Personnel:**

**Name:**  **Title:**

*(Please print or type)*

**Please review the updated grant submission checklist carefully before submitting your application. All proposals must follow the current guidelines exactly, as some requirements and questions have changed from previous years. Incomplete or incorrectly formatted submissions may not be reviewed or considered for an award. Be sure to include all requested documents, use the specified format and font, and ensure your responses are complete and clearly address each requirement in the order provided***.*

**UPDATED GRANT PROPOSAL SUBMISSION CHECKLIST**

**Please ensure all of the following items are included in your submission:**

1. ☐ Grant Application Form
2. ☐ Report on Outcomes and Results from the 2024–2025 TRHWF-funded program
   * *Required for proposal consideration*
3. ☐ Summary of the Proposal
4. ☐ Project Description
5. ☐ Statement of Need, Purpose, and Population to Be Served
6. ☐ Goals, Measurable Outcomes, and Workplan with Timelines
7. ☐ Future Funding Sources, Sustainability Strategies, and List of Funders
8. ☐ Project Budget and Budget Justification
   * *Salaries/benefits funding considered only if directly related to services/programs requested*
9. ☐ Board of Directors
   * *Listed on a separate page within the Word document*
10. ☐ IRS Tax Determination Letter (501(c)(3) Status)
    * *Scanned and inserted into the Word document*
11. ☐ Independent Auditor’s Report Letter
    * *Only the letter (usually the first page after the table of contents), scanned and inserted*
12. ☐ Verification of Annual Report Submission
13. ☐ Up-to-Date Charitable Organization Certificate
14. ☐ Page One of the Most Recent 990 Submission or 889 TE

**[Add all supporting material here.]**