



GRANT APPLICATION

The Lancaster Osteopathic Health Foundation has a holistic concern for the identity and well-being of the osteopathic profession in Lancaster, the promotion of preventive care and self-healing practices and the health of the Lancaster community, particularly its children. The Foundation strives to be community-oriented by focusing on the health of the children of Lancaster County, especially the underserved. It seeks out collaborative partnerships to improve the health and welfare of children specifically with community organizations, schools and other foundations.

The Lancaster Osteopathic Health Foundation Board supports the health of the Lancaster Community, by funding grants only in the areas of:

1. **Children's Mental and Behavioral Health & Wellness**
2. **Support of the Osteopathic Profession**

Please carefully review the Foundation's Grant Information and Grant Guidelines before drafting your grant application.

Please submit two copies of your proposal; one in electronic format to:

E-mail: info@lohfoundation.org

and one in hard copy format to:

**Lancaster Osteopathic Health Foundation
128 E. Grant Street, Suite 104
Lancaster, PA 17602**

**Phone: 717-397-8722
Fax: 717-397-8723**

GRANT APPLICATION COVER SUMMARY

1. **Legal Name of Organization:**
Mailing Address:
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Fax:** _____
Email: _____ **Web Site:** _____
Name and Title of Executive Director:
Name of President of Board:
Name and Title of Contact Person:

2. **Federal ID number:**
IRS 501(c)(3) nonprofit? Please mark: YES _____ NO _____
If yes, please attach copy of designation letter from the IRS;
If no, please identify your fiscal agent and attach the written agreement from the fiscal agent.

3. **Amount Requested: \$** _____

4. **Type of Grant Requested (Operating, Project, Challenge, Matching, Technology, Capital):** _____

5. **State your Organization's Mission (2 sentences):**

6. **Summarize the Proposal and its' Strategic Link with Lancaster Osteopathic Health Foundation, including the name of the program or project if applicable (4 sentences):**

7. **List the Proposal's Target Population, Constituents, and Geographic Communities, including the number served by the proposed program or project:**

8. **Total Number of Board Members:** _____

9. **Total Number of Employees:** Full Time Part Time Volunteer

10. **Total Annual Organization Budget: \$** _____ **Dates of Fiscal Year:** _____

11. **Time Period of Grant Proposal:** _____/_____/_____ to _____/_____/_____

12. **Does your Organization Receive Support From Other Funding Sources?**
 Please mark: YES NO
 If yes, percentage of total operating budget support by these funds: _____%

13. **List previous support from LOHF in the last five years, purpose, amount and date:**

14. **Signature of Executive Director:**

Date: _____

GRANT PROPOSAL NARRATIVE

*Please provide the following information in this order.
Do not use more than 5 pages, exclusive of attachments.*

I. Organizational Information

1. Brief Summary of Organization's history and mission
2. Description of current programs, activities, services statistics and strengths/accomplishments (highlighting the past year), including what makes your organization unique

II. Purpose of Grant

1. Needs and Capabilities

- The situation – opportunity, problem, issue, need in the community – that your proposal addresses, and how that need was determined. Indicate if this grant proposal is for a new or an existing program.

2. Goals and Activities

- Your goals and objectives
- Specific, measurable activities to accomplish these objectives (What are the products/outputs?)
- Who will carry out those activities (If this is a collaboration, briefly describe the partners)
- Timeline in which all of this will take place, with specific start/end dates
- If applying for technology, what is your plan for managing the technology? (Include backup/maintenance, potential for growth/upgrades, staff training, use of consultants, etc.)

3. Impact of Activities

- How the proposed activities will create change within the designated community or population
- How you will measure the results/outcomes? How will the results/outcomes be used, disseminated, or publicized
- How you plan to sustain the project after the funding period has expired

III. Attachments

1. Financial Information – For **ALL** grants, please submit the following information:

- Organization's annual operating budget, organization's actual income and expenses for most recently completed fiscal year **and** organization's actual income and expenses for current year-to-date (**align income and expenses side-by-side on both budgets**)
- Itemized budget detailing how this specific grant will be used, aligning income and expenses side-by-side. Identify each amount, the source of revenue for that amount, and state whether funds are either committed or pending. If request is for a multi-year grant, include multi-year program budget.
- Organization's most recent **AUDITED** financial statement (if budget greater than \$100,000) or Form 990 (if budget between \$25,000 and \$100,000). If neither document is available, include unaudited financial statement.

2. Other Supporting Materials

- Latest annual report or summary of the organization's prior year activities
- Current board list with members' employment affiliations or constituencies, and years served
- One-paragraph description of key staff, including qualifications relevant to this request