

**MINI-GRANT APPLICATION**

In an effort to enhance the current Lancaster Osteopathic Health Foundation (LOHF) grant making process, Mini-Grants for community health activities are available to qualifying organizations. These mini-grants will be available to provide small amounts of financial support to assist community health efforts such as small or test projects, educational presentations, minor equipment purchases, and other health-related activities.

- Mini-Grant awards range from \$200 - \$2,000
- Organizations may apply for multiple Mini-Grants, however the total amount awarded is not to exceed \$2,000 per fiscal year

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

- **Children's Mental and Behavioral Health & Wellness**
- **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](mailto:info@lohfoundation.org)**

**and one in hard copy format to:**

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

*On two separate pages, please complete a grant proposal narrative, detailing the following requirements:*

**Project Title:**

**First Paragraph:**

Describe your project, the need for it, the target population and anticipated numbers served.

**Second Paragraph:**

Describe the project objectives and expected products or outcomes. Describe how you determine whether your objectives have been achieved, and whether your project is successful?

**Third Paragraph:**

Identify other organizations or funders participating in the project and their roles.

**Fourth Paragraph:**

What is your projected timetable and who are the key people involved?

**Budget:**

Provide a budget of expenses and revenue for your proposed project/program. (Attach as a separate third page, if necessary)

**MINI-GRANT INFORMATION SHEET**

**Legal Name of Organization:**

**Is the Organization an IRS 501(c) (3) Nonprofit? YES\_\_\_\_\_ NO\_\_\_\_\_**

**If yes, Please Attach a Copy of the IRS designation letter.**

**Federal ID Number (EIN):**

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

**Contact Person/Title for This Proposal:**

**Telephone Number of Contact Person:**

**Fax:**

**E-Mail:**

**Web Site:**

**Mailing Address:**

**City:**

**State:**

**Zip Code:**

**Amount Requested: (Maximum award and limit per organization per year is \$2,000)**

**Project Name:**

**Focus Areas (Check one)**

- Children's Health                       Promotion of Osteopathic Medicine

**Geographic area(s) served by this grant:**

- Lancaster County                       Regional (describe)

**Type of grant requested (check one):**

- Capacity Building                       Emergency  
 Capital                                       Emerging  
 Core or Operating Support               Program  
 Demonstration                           Technical Assistance  
 Other \_\_\_\_\_

**Signature of Executive Director:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_