

# Rural Ozarks Health Initiative Single Year Grant Program

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*Community Foundation of the Ozarks Grants*

## *About your Affiliate Community Foundation*

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Thank you for applying to the Rural Ozarks Health Initiative program. Ten recipients will be chosen for this single year program. Applicants are encouraged to apply for a grant of \$10,000. Requests of more than \$10,000 will not be considered. Recipients will be required to provide a final grant report by December 15, 2018.

Please read the grant background rationale before proceeding with the grant.

Completed applications must be received via this online application by midnight on March 5, 2018.

Contact Bridget Dierks ([bdierks@cfozark.org](mailto:bdierks@cfozark.org)) for questions about this application process. Contact Brian Fogle ([bfogle@cfozarks.org](mailto:bfogle@cfozarks.org)) or Alice Wingo ([awingo@cfozarks.org](mailto:awingo@cfozarks.org)) for questions about the program.

### **Primary Affiliate Applicant\***

*Character Limit: 250*

### **Does your affiliate have its own 501(c)3 status?\***

#### **Choices**

No, we use CFO's nonprofit status

Yes, we maintain our own nonprofit status

### **If you maintain your own status, please provide your EIN.**

*Character Limit: 20*

### **Counties Impacted\***

Please check all counties in which your proposed project would impact. Note that if your affiliate will not impact any of the counties listed, your project is not eligible for funding.

#### **Choices**

Barry

Barton

Bates

Benton

Bolinger

Butler

Camden

Cape Girardeau  
Carter  
Cass  
Cedar  
Christian  
Crawford  
Dade  
Dent  
Douglas  
Dunklin  
Gasconade  
Henry  
Hickory  
Howell  
Iron  
Jasper  
Johnson  
Laclede  
Lawrence  
Madison  
Maries  
McDonald  
Miller  
Mississippi  
New Madrid  
Newton  
Oregon  
Osage  
Ozark  
Pemiscot  
Perry  
Phelps  
Polk  
Reynolds  
Ripley  
Scott  
Shannon  
St. Clair  
St. Francois  
Ste. Genevieve  
Stoddard  
Stone  
Taney  
Texas  
Vernon  
Wayne  
Webster  
Wright

## Grant Round Information

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### Amount Requested\*

Please provide the amount of money requested. Maximum request amount cannot exceed \$10,000.

*Character Limit: 20*

### Proposed Affiliate Grant Round Name\*

The name of the project is attached to each and every form within your process. This is the "identifier" for the request. Feel free to simply provide the name you will give your potential grant round (i.e.: "Cabool Community Foundation Healthy Community Grant Program").

*Character Limit: 100*

### Current Health Status\*

Please provide a brief overview of the current health status and situation in your community. What are the challenges and opportunities facing your region?

*Character Limit: 2000*

### Brief Grant Round Description\*

Please describe the grant round your affiliate would like to undertake in no more than two sentences.

*Character Limit: 500*

### Full Grant Round Description\*

Fully describe the grant round your affiliate would undertake if selected. Would your grant round focus on a specific health area or support general health proposals? What will be your proposal maximum for applicants? Use this space to provide us with a good understanding of what your grant program will look like.

*Character Limit: 3000*

### Grant Program Timeline\*

An important part of this grant program involves reporting back to our grantors (Missouri Foundation for Health) on the grants provided and any initial community impact. Affiliates receiving these funds must report back on the grants awarded by December 15, 2018. Please provide a brief grantmaking timeline of the grant program which concludes with reporting back to CFO on recipients by December 15th.

*Character Limit: 2000*

### Matching Opportunities\*

Has your affiliate received a commitment for matching dollars for this grant program?

#### Choices

Yes

No

## Matching Opportunity Description

If your affiliate has secured matching dollars to support this grant round, please provide details on the match.

*Character Limit: 2000*

## Selection Committee

If your selection committee will be made up of individuals outside your normal affiliate board, please provide details on your member selection process.

*Character Limit: 2000*

## Recent Grantmaking Success\*

Please provide a few details on recent grantmaking programs your affiliate has undertaken. When did you last provide grants in an official grantmaking round? Who served on your selection committee?

*Character Limit: 2000*

## Community Partners\*

What community partners will you involve in the undertaking and publicizing of this grant round? What are the roles and responsibilities of these partners, and how will they contribute to ensuring quality applications are received?

*Character Limit: 2000*

## Attachments: Commitment Statements

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### Commitment Statement: Affiliate CF Board\*

Please attach a commitment statement from your Affiliate Community Foundation. This is the only required commitment statement. All other commitment statements are optional.

*File Size Limit: 2 MB*

### Optional Letters of Support: Other Community Leaders

Please provide letters (in one combined document) from other supportive community leaders or organizations. This is optional.

*File Size Limit: 5 MB*

Thank you for completing the Rural Ozarks Health Initiative Single Year Grant Program application. Proposals will be reviewed by a committee, and you will be notified of the outcome of your program in approximately one month.