



Grant Preparation Checklist Fall 2024 (for 2025 funding year)

As you prepare to complete your grant application, the following information is what will be required for entry. Gathering the appropriate information in advance and knowing the word limits may assist you with writing a draft version of each section prior to going into the grant platform itself.

ORGANIZATION PROFILE

The following information will be required for entry in this section.

- Organization Name
- Department/Division (if applicable)
- Organization Phone Number
- Organization Address (Address, City, State, ZIP code)
- Organization Website
- Organization mission statement. (LIMIT 50 WORDS)
- Number of staff within your organization
- Number of people served per year by your organization
- A list of your Board of Directors, including their professional certifications (if applicable), their work title, and place of employment. If this is not applicable to your organization, a list of your top leadership positions and brief bios will be needed. (You may either type the answers or upload a document)
- Organization Point of Contact (First name, last name, position, email address, phone number)

LETTER OF INTENT

The following information will be required for entry in this section.

These items are the additional pieces of information that must be submitted in this section:

- Letter of Intent Point of Contact Information (First name, last name, position, email address, phone number)
- Program/Project Core Public Health Service Area of Focus
- Amount of Funding Being Requested
- Uploaded Letter of Intent (which must include the following information):
 - Brief description of the project/program proposal
 - Key anticipated outcomes if implemented
 - Individuals or populations you hope to serve
 - Amount of funding requested
 - Overview of how funds will be spent
- Uploaded Budget (using prescribed budget form found [here](#))
- Legal Fiscal Agent

APPLICATION

The following information will be required for entry in this section.

- Application Point of Contact Information (First name, last name, role or title, email address, phone number)
- Project Point of Contact Information (First name, last name, role or title, email address, phone number)
- Signatory First name, last name, role or title, email address, phone number and address (street, City, State, ZIP Code)
- Project/Program Title
- One sentence project/program summary for promotional use and public reporting
- Proposed project's/program's overall purpose and objectives (LIMIT 500 WORDS)
- Population/demographic/health subset the project/program will be targeted or to whom services will be provided (LIMIT 50 WORDS)
- Health Equity Statement indicating how your proposed project/program and impact of proposed activities will remove healthcare or public health barriers for underinsured and underserved populations (LIMIT 75 WORDS)
- Total number of individuals this project/program is expected to serve
- Total funding amount being requested
- Uploaded Budget (using prescribed budget form found [here](#))
- If we are unable to grant the full amount of your funding request, are you interested in discussing a partial award?
- Describe your plan for sustainability of the project/program after the grant award has been exhausted. (LIMIT 100 WORDS)
- Evaluation Information: In addition to the pre-defined metrics, please provide a minimum of three (maximum of 10) meaningful and measurable metrics that will be gathered and reported on related to this project/program that show overall health outcomes. The *required* key metrics per Core Public Health Service for quarterly reporting can be found in the full Request for Applications Documents.
- Please provide/upload one letter of support from a strong partner/support entity indicating why they believe your submitted project/program is going to benefit the health of the community, and why your organization is well-suited to carry out the submitted project/program.
- You may attach any additional support documents which you feel will be essential to the review committee.

All questions can be directed to: DOHGrants@allencounty.us