



TARGET WELLNESS GRANT APPLICATION

Eligible non-profit IRS 501 (c) 3, organizations may apply for Target Wellness Grant of \$5000 or under by completing this Target Wellness Grant application form, which may be submitted to the Mat-Su Health Foundation, 950 E Bogard Road, Suite 218, Wasilla, AK 99654, Fax: 907-352-2865.

Name of Organization: _____ Date: _____

Project/Program Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____

Email Address: _____

Address: _____

Phone Number: _____ Fax Number: _____

Type of Organization: _____

Amount Request: \$ _____ Project Cost: \$ _____

Please list other sponsors contributing to this specific project:



TARGET WELLNESS GRANT APPLICATION

Project Description: *(Please include an overall project description and how the project functions.)*

State of Need:

(Please provide a brief summary of the need for this project. It should describe the condition in the community that is unacceptable and should be remedied. Use local data when available.)



TARGET WELLNESS GRANT APPLICATION

Target Population:

(Describe the target beneficiary groups to be served, and the direct and indirect benefits that this target population will experience as a result of this project. Include how it will improve access for under-served populations.)

Community Support:

(Describe the support you have for your project from the community. Explain how you plan to partner or collaborate to maximize local community resources. Include two letters of support from local agencies, businesses, etc.)



TARGET WELLNESS GRANT APPLICATION

Brief Project Budget:

(Delineate the total project cost, amount requested, funds from other funding sources, and how funds will be spent-administrative, equipment, space, travel, publicity, etc.)

Sources of Revenue:

(Please list current revenue sources, participant fees, grants, etc.)

Acknowledgment:

(Describe how you will generate positive public relations for Mat-Su Health Foundation if you are awarded this grant.)



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Please provide the following supporting documentation with your application:

- **Two (2) letters of support from local agencies, business, etc.**
- **Copy of IRS 501 (c) (3) status letter**

Eligibility Statement: *(Please sign to acknowledge compliance with eligibility criteria.)*

Eligible applicants include private, not-for-profit organizations located physically within the Mat-Su Borough. A pass-through arrangement with a private, not-for-profit organization is permissible. Individuals, regular state programs, and for-profit agencies are not eligible to apply for Target Wellness grant funding. I certify that this applicant organization meets the specified eligibility criteria for Target Wellness grant funding.

Signature of Project Manager

Organization

Date

Certification Statement: I understand that the completion and submission of this application in no way should be interpreted as obligating funding this project or having entered into a contractual agreement. Any incomplete, false, or misleading statement contained in this application or its attachments will result in the immediate termination of consideration and funding of this project by the Mat-Su Health Foundation. Having read and understood the above, and to the best of my knowledge and belief, I certify that this application is true, complete, and discloses all material information.

Signature of Project Manager

Organization

Date