Coalition Identifying Information

Coalition Name

Mailing/Physical Address, County

Phone number

Websites

Email

Contact person

Lead Organization/Fiscal Agent Information

Organization Name

Organization Type

Mailing/Physical Address, County

Contact into/contact person

Organization Type/Total Budget/EIN

1. Briefly describe the coalition's history and purpose. (500 words)
2. Describe the service area (county, a town, or specific community or population) of the coalition. If not the entire county, how was the focus area selected? (150 words) Score
3. Provide an overview of the coalition's structure. Do you have defined leadership or workgroups? (250 words)
4. Has the coalition completed or participated in a recent Community Health Needs Assessment? (150 words)
5. Does the coalition have a current strategic plan or action plan? If yes, please attach a copy. (150 words)
6. Identify any significant awards or accomplishments completed by the coalition within the past five years. (250 words)

7. Do you have a community project in mind for this grant? If yes, please provide an example. (150 words)

8. How will this work benefit your community? (250 words)

9. How will this work engage and strengthen diverse groups and/or multiple sectors in the community? (250 words)
10. What do you hope to achieve long-term for your community by applying to this grant? (300 words)

11. Does the community require the administrative allowance of up to $3,000? If yes, how much is requested? **Note:** The amount requested will be subtracted from the total amount available for the community project. (150 words)