**Targeted Initiative Operating Grant Application Template**

***Note: This document is only for preparing and drafting an application. Applications submitted in this Word format will not be accepted. The application must be submitted using the Endowment for Health’s online grant portal.***

**Section 1: Organization Background**

Name of applicant organization (or fiscal sponsor):

Name of department, if applicable:

Address:

City, State, Zip:

Telephone:

Website:

Tax Status & EIN Number:

Number of paid full-time staff:

Provide a brief summary about your organization, including mission, year founded, organization type and size. *(Max 200 words)*

**Section 2: Executive Contact: Name of CEO or President (person authorized to accept grant agreements)**

Prefix: First Name: Last Name: Suffix:

Title:

Email:

**Section 3: Primary Contact for the Project**

Check box if contact is the same as the organization executive contact

Prefix: First name: Last name: Suffix:

Title:

Email:

Street Address:

City, State, Zip:

Telephone:

**Operating Grant Overview**

**Operating Grant Overview**

Targeted Initiative: (*select one*)

* Children’s Behavioral Health
* Early Childhood
* Healthy Aging
* Health Equity
* Health Policy
* **Capacity Building**

Project title:

Project goal description *(Max 100 words):*

Grant description *(Max 100 words):*

Total grant budget (requested amount):

Total project budget:

Project start date:

Project end date:

Towns/cities served by project. (List the towns/cities or specify “statewide”):

Priorities for Upcoming Year (*Identify 3 items from your Strategic Plan that you plan to focus during the upcoming year.*)

**ATTACHMENTS**

**Instructions - Submit the following as attachments by uploading them on the Endowment for Health’s grant portal.**

* Audited financial statements
* Operating budget
* Current operating budget to actual report
* Board list
* Strategic Plan
* IRS Form 990