



SIMPLE GRANT REQUEST FORM

Simple Grant applications are accepted throughout the year for funding up to \$1,000. Applications will be scored based on applicant's collaboration and progress toward one or more 2010 Priority Health Goals. Emphasis will be placed on grants projects that are partnering with one of Community Partners Goal Work Groups / Coalitions. Applicant must be a 501 (c) 3 organization, however Community Partners can serve as fiscal agent if the applicant is not a 501 (c) 3 organization.

Required: Please contact Denise Zwiener at the Buffalo County Community Partners office (308) 865-2280 / dzwiener@bcchp.org to discuss your proposed project and timeline, before submitting application. Please submit application 90 days prior to proposed project to allow time for internal review of your grant application. Applications are accepted on a monthly basis; Denise Zwiener will provide your application deadline upon contact.

I have contacted Community Partners Office to discuss the proposed project.

1. Name of Proposed Program / Project: _____

2. Applicant Name: _____

3. Contact Name/Address: _____

Phone: _____ Email: _____

4. Grant Type: Match Grant Educational Grant

5. If "Match Grant", please list sources of match funds:

6. Please mark which goal area(s) you are addressing in your application. To qualify for funding, your project must impact one or more of the following priority goal areas in Buffalo County. To find out more about these goal areas, log on to www.bcchp.org. (*New 2020 Goals will be released in 2011*)

- Increase Access to Health Care & Reduce Health Disparities
- Increase Affordable Housing
- Increase the Awareness of Spirituality's Effect on Health and Healing
- Better Air Quality by Reducing Environmental Tobacco Smoke
- Reduce Infant Mortality
- Reduce Lead Levels in Children
- Reduce Overweight and Obesity through Exercise and Nutrition

- Increased Safety by Reducing Falls in Older Adults and Seat Belt Use
- Meet Public Transportation Needs

Stress on the Family Unit (mark one or more below)

- Reduce Youth and Adult Tobacco Use
- Reduce Youth and Adult Alcohol Use
- Reduce Other Illegal Drug Use
- Increase Youth and Adult Mental Health

7. If applicable, please mark which environmental strategies your grant project will address. To create environmental change look to the promotion of health and safety by changing policies, settings and community conditions that contribute to high risk, unhealthy behaviors. Altering conditions within the shared environment can bring about broad changes in human behavior. Over time, these changes can dramatically affect the health and well-being of many people.

- Social Norms: reflection of community's acceptance or rejection of various behaviors, attitudes and beliefs. Example: "I'd rather have my kids drink than use drugs."
- Mass Media: factor in the environment that quickly and powerfully shapes social norms. Example: Billboard campaign to motivate residents to increase exercise.
- Availability: the inverse of sum of resources that must be expended to obtain a commodity. The more resources you have to expend in order to get something. Example: Community pressure to remove alcohol from shelves of local liquor store.
- Policies, Regulations and Laws: formal rules that establish norms, control availability, and specify sanctions for violations. Example: Smoke free restaurant ordinance.
- Enforcement of policies, regulations and laws: significant and swift. Example: seat belt enforcement.

8. Describe the project, including a statement of how it will address specific Buffalo County Community Partners goals marked on Question #6. How will you measure the project's success?

9. Which organizations are you collaborating with for this program/project? Describe the collaboration.

10. What support is being requested from Buffalo County Community Partners? Describe support.

11. What is the timeline for this project? When will Buffalo County Community Partners support be needed?

12. Budget:

- a. Total Grant Request \$ _____
- b. Total In-kind/Match Funding \$ _____
- c. Total Grant Project Budget \$ _____

13. Please attach proof of your 501 (c) 3 status. If you are not a 501 (c) 3, please name your fiscal agent below and supply proof of 501 (c) 3 status. Buffalo County Community Partners is also willing to serve as your fiscal agent, if needed.

a. Name of Fiscal Agent: _____

b. Contact Information of Fiscal Agent: _____

Submit electronic application to the office of Buffalo County Community Partners

By Email: info@bcchp.org

Submit one hard copy with to:

PO Box 1466

Kearney, NE 68848

Phone: (308)865-2284