**REACH Community Grant Application**

**Organization Name**:

**Legal Name**:

**Tax ID**:

**Executive Director/President**:

**Address**:

**Website**:

**Facebook Page**:

**Twitter Account**:

**Organization Type** (*i.e. Hospital, Non-profit/Community organization, cancer center, community practice*):

**Primary Contact Person**:

**Primary Contact Phone**:

**Primary Contact Email**:

**Alternate Contact Person**:

**Alternate Contact Phone**:

**Alternate Contact Email**:

**Project Title**:

**Organization Mission Statement**:

**Organizational History and Capacity** (*Please provide a brief description of the organization’s history, purpose, and current capacity to carry out the proposed program*):

**Statement of Need** *(Please include evidence illustrating that there is demonstrated need within the target population regarding the program topic)*

**Project Narrative** (*Please include the following in your project narrative:• Purpose of program• Target Demographic (please include Race/Ethnicity, Age, Gender and/or Other)• Geographic location (please include county name). • Description of key activities• Program Objectives • Explanation of the focus area(s) addressed in this program• Work Plan Summary• Summary of evaluation methods• Expected change your program will likely bring to community. • Collaborative partners and description of how you will work together*):

**Sustainability Plan** *(Please explain how you plan to sustain this initiative after REACH Community Grant funding is exhausted)*

**Key Personnel** (*Please include name, title and contact information for key personnel working on this project*):

**Required Attachments for Submission**:

1. Project Budget and Justification
2. Certificate of Liability Insurance
3. Proof of Non-profit Status
4. Current, signed W-9
5. A letter of support from collaborating organizations
6. Evaluation Tool
7. Other related documents