

BLAIR COUNTY HEALTH & WELFARE COUNCIL

The mission of the Blair County Health and Welfare Council is to promote the general health and welfare of Blair County residents.

The Council may provide "seed money" for new programs and services for Blair County residents up to the maximum amount provided in the Council's annual budget. Requests must be made in writing and may be approved, if they meet the following criteria:

1. The service reflects the objectives of the Council.
2. The service is not already being provided within Blair County.
3. The service addresses an identified community need.

GRANT APPLICATION PACKET

Dear Applicant:

Based on availability of funds, the Blair County Health & Welfare Council can make available grant opportunities to Health and Welfare Council members. Health and social service agencies/ organizations/ events can receive funding every other year not to exceed \$500.00. Collaborative efforts would be considered on a case-by-case basis.

These grants are governed by the following guidelines:

Grant applications will be available at the Health and Welfare Council meeting in September or by contacting the Blair County Human Services Office, 423 Allegheny Street, Suite 443, Hollidaysburg PA 16648. (814) 693-3112 or online at www.blairhealthandwelfare.org

Grant applications will be submitted to the Blair County Human Services Office, and must be received no later than 4:00 p.m. on the first business day in November. Applications must be signed and submitted in person or by mail.

The Executive Committee will review all grant applications at an Executive Committee meeting prior to the meeting of the full membership, and forward recommendations to the full Council at their November meeting. Grants will be awarded at the January Health and Welfare Council meeting. Funds must be expended by June 30th of the award year.

Grants up to \$500.00 will be available.

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GRANT CRITERIA

The Executive Committee will review and rate the applications.

Threshold Criteria

The grant applications submitted to the Health and Welfare Council must address one or more of the Objectives of the Council:

- _____ Participating in and/or conducting studies and surveys which identify health and human service needs and/or evaluate present services and resources.

- _____ Promoting coordination of community services and resources and communication among council members.

- _____ Providing education and information to Council members' employees or the public on health and human service needs, services and resources.

- _____ Planning for new health and human services and advocating for the establishment of new programs.

Each application should be rated on a scale of 1 [doesn't meet the criteria] to 10 [meets the criteria completely].

Additional Grant Criteria [40 pts]

The grant applications should be rated on the following information:

- ___ 1. Cost appears reasonable for the program being provided.
- ___ 2. Project/Service/Program is not already provided or offered by any agency/organization/program in Blair County.
- ___ 3. Project/Service/Program provides support for the staff of local human service providers.
- ___ 4. The review Committee feel the Project/Service/Program can be of general benefit to a number of agencies.

Maximum Score: 40 Points

Total Points _____

The Executive Committee should total all the scores and divide by the number of panelists scoring. Awards may be granted to those who score 75% or higher when dividing total points awarded by total points possible.

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APPLICATION FORM

Please check here if applicant is a member of the Blair County Health and Welfare Council:

Date _____

1. Legal Name of Agency/Organization _____

2. Executive Director's name _____

3. Mailing Address _____

City _____ State _____ Zip Code _____

4. Contact Person _____

5. Telephone Number _____ 6. FAX Number _____

7. E-Mail Address _____

8. Type of Agency/Organization _____

9. Type of Operation Non Profit Profit Public
 Other

10. Tax ID # _____

11. Type of Ownership Corporation
 County/Government
 Individual
 Other

12. Description of the project/service/program (be specific), including how need was determined. (Include an explanation as to how the project/service/program is unique and is fulfilling a specific need for the staff/client's served) (Include beginning and ending dates of project/service/program).

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- 13. Who is the target audience?

- 14. What geographical areas will be served?

- 15. Total amount requested through Health & Welfare Council (up to \$500) _____

- 16. Number of Board Members _____

- 17. Please list any Health & Welfare Council members involved in this project/service/program.

- 18. Attach an explanation of the evaluation process for the project/service/program.

- 19. Attach an estimated budget for the project/service/program, including funds expected or applied for from other sources.

By accepting funding the organization waives the release of information about this project/service/program for public relations and/or marketing purposes and will provide a one page follow up report on the outcome of the project/service/program.

Authorized Signature _____

DO NOT WRITE BELOW THIS LINE

_____	Approved	_____	Date
_____	Disapproved	_____	Date