

## **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 provides grants to Council Member Organizations for services, programs, and events 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/program/event reflects the mission of the Council as noted above.
2. The service/program/event addresses an identified community need.
3. The service/program/event costs are reasonable.

### **GRANT APPLICATION PACKET** **2019-2020**

Dear Applicant:

Based on availability of funds, the Blair County Health & Welfare Council can make available grant opportunities to Health and Welfare Council members. Organization members are eligible to apply. Grants will not exceed \$500.00. The Council will not fund the same service/program/event for two consecutive years. Collaborative efforts would be considered on a case-by-case basis.

These grants are governed by the following guidelines:

**Grant applications will only be available at the Health and Welfare Council website beginning, September 16, 2019. Questions concerning the grant application should be submitted through The Council's email address:  
blaircountyhealthandwelfare@hotmail.com**

**Grant applications must be submitted electronically to the Health and Welfare Council no later than 4:00 PM on Friday, October 25, 2019 at:  
blaircountyhealthandwelfare@hotmail.com**

**Applications must indicate the contact person for the application.**

**Funds granted must be expended by June 30, 2020.**

**Grant reports must be submitted electronically to the Health and Welfare Council email address blaircountyhealthandwelfare@hotmail.com no later than 4:00 PM on August 31, 2020.**

**Grant applicants (organizations/agencies) must be current year (7/1/19 to 6/30/20) members to be considered for a grant award.**

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 its November meeting. Grants will be awarded at the January 2020 Health and Welfare Council meeting. Funds must be expended by June 30, 2020.

Grants up to \$500.00 will be available.

## **BLAIR COUNTY HEALTH AND WELFARE COUNCIL**

### **GRANT APPLICATION EVALUATION CRITERIA**

The Executive Committee will review and rate the applications.

#### **Membership Criteria**

\_\_\_\_\_ Grant applicant is a current year (7/1/19 to 6/30/20) member of the Council.

#### **Rating Criteria**

The grant application submitted to the Health and Welfare Council must address the following criteria. Each item will be rated on a scale of 1 (does not meet the need criteria) to 10 (meets the criteria completely):

\_\_\_\_\_ The service/program/event reflects the mission of the Council as stated on Page 1.

\_\_\_\_\_ The service/program/event addresses an identified community need.

\_\_\_\_\_ The service/program/event costs are reasonable.

The Executive Committee will total all the scores and divide by the number of persons scoring.

## **BLAIR COUNTY HEALTH AND WELFARE COUNCIL**

### **APPLICATION FORM**

Date: \_\_\_\_\_

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

1. Legal Name of Agency/Organization \_\_\_\_\_

2. Executive Director's Name \_\_\_\_\_

3. Organization/Agency 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 service/program/event (be specific), including how need was determined. (Include an explanation as to how the service/program/event fits into your agency's mission, is unique and is fulfilling a specific need for persons to be served) (Include beginning and ending dates of service/program/event).

13. Who is the target audience? \_\_\_\_\_  
\_\_\_\_\_
14. What geographical area(s) will be served? \_\_\_\_\_  
\_\_\_\_\_
15. Total amount requested through Health & Welfare Council (up to \$500) \_\_\_\_\_
16. Number of Applicant Board Members \_\_\_\_\_
17. Please list any additional health and social service agencies/organizations involved in this service/program/event.  
\_\_\_\_\_
18. Attach an explanation of the evaluation process for the service/program/event.
19. Attach a detailed budget, budget narrative and budget justification for the program/service/event, including funds expected or applied for from other sources.

By accepting funding the organization waives the release of information about this service/program/event for public relations and/or marketing purposes and will provide a one page follow up report on the outcome of the program/service/event. This report will be due by August 31, 2020.