



## **Garfield Healthy Communities Coalition (GHCC) Mini Grant Guidelines**

### **Mission Statement:**

*The Garfield Healthy Communities Coalition supports collaborative efforts in providing community resources so that all people within Garfield County have full, equal and equitable access to opportunities that enable them to lead healthy lives.*

### **GHCC Goals:**

1. Increase fruit and vegetable consumption among all Garfield County residents with an emphasis on those with incomes at or below 185% poverty level.
2. Work with all three school districts (Re-1, Re-2 and Garfield 16) to improve, implement, and advance school wellness.
3. Increase physical activity among all Garfield County residents through recreational opportunities and built environment policy initiatives.
4. Increase community engagement and capacity around health barriers

**Grant Requests for Marketing and Advertising:** GHCC will consider awarding funds for marketing and/or advertising of a program or project on a case-by-case basis.

**Grant requests for food will not be considered.**

**Notification of selection:** Emails will be sent to all applicants one week after the application due date.

**This is a reimbursable grant.** Applicants awarded funding will be reimbursed for grant expenses and will be required to provide receipts to receive funds. Operating budgets will be requested if an organization does not want a reimbursable grant.

**The GHCC Steering Committee is committed to engaging grassroots projects and organizations through the mini grant program. If you are unfamiliar with grant writing or need assistance with this application, please contact Dana Wood, GHCC Coordinator at [dwood@garfield-county.com](mailto:dwood@garfield-county.com).**

**Application Due Dates:** April 4, 2017 at 4pm. All applications must be submitted by email to Dana Wood at [dwood@garfield-county.com](mailto:dwood@garfield-county.com).

## **Garfield Healthy Communities Coalition (GHCC) Mini Grant Application**

**INSTRUCTIONS:** All applicants submitting a request for funding from the Garfield Healthy Communities Coalition must utilize these pages in answering the grant selection criteria questions that follow. Please use 12 point font and the 1” margins that have been set. This grant application form should be no more than 4 pages in length.

This GHCC Mini Grant Application will be scored on a weighted, 50-point basis. Failure to provide a response to any question will reduce your project’s score.

### **SECTION I: Contact Information:**

Contact Person:  
Name of Agency:  
Address:  
Phone:  
Email:

### **SECTION II: Brief Project/Program Description Narrative, 250 word max: (10 points)**

What is the project/program, including all components?

- How is the project/program consistent with GHCC’s Mission Statement?
- How will project/program benefit your community and people you hope to impact?

**Project/Program Name:**

**Project/Program Description Narrative:**

### **SECTION III: GHCC Mini Grant Funds You Are Requesting (10 points):**

GHCC awards projects up to \$5,000

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- Will you accept partial funding from GHCC if full funding isn’t available?  
**YES NO**
- Are you providing any matching cash or in-kind towards this project/program? If so, please list the amount \$\_\_\_\_\_ or describe the in-kind match:

- Outline the total budget needed to implement the project/program, and include how each line item will be funded?
- Are you requesting GHCC funds to assist in your local required match to seek a Great Outdoors Colorado (GOCO), Garfield County Federal Mineral Lease District (GCFMLD) Mini Grant or other grant?      **YES**      **NO**

*If you indicate yes and receive GHCC funding, the grant must be submitted during their next cycle and if awarded funding, the project must be completed within their 1-year deadline to receive GHCC reimbursement funding.*

**SECTION IV: GHCC Mini Grant Selection Criteria Questions (5 points each):**

1. What is the project/program objective?
2. How will the project/program address health barriers in your community?
3. Describe how the project/program will have a strong measurable impact in addressing health barriers, including increasing physical activity among individuals **(OR)** increasing access and/or consumption of fruits and vegetables.
4. Who is your target audience? How many people will you reach and where are they located?
5. What sustainability plans do you have for the project/program? This should include the financial ability of the organization, its staff or volunteers, and the plan to sustain the project/program into the future.
6. What other support will be leveraged to help implement this project/program? Include all financial (outlined in the budget information above), volunteer in-kind (if applicable), and organizational support.