



Salina
Regional
Health
Foundation

Grant Application

Community Health Investment Program (CHIP)

Applicant: _____ Date: _____
Address: _____ City: _____
State: _____ Zip _____ Email: _____
Contact Person: _____ Telephone: _____
Project Title: _____

Request for funds

- All applications must use this completed form as the cover page.
- On a separate page, please list your board members or principals.
- Complete the Foundation's application budget page and attach to your application.
- Please do not include any supplemental materials (brochures, letters of support, etc.)
- Using no more than two 8 ½ x 11 single-sided sheets of paper, please tell us about your proposal. Be sure to include the following, and label the information by letter in your narrative:
 - a) The mission or purpose of your organization or group
 - b) A definition of the need, including how the need has been determined
 - c) The targeted population
 - d) A description of the project
 - e) Your expected results
 - f) Your timetable and process for achieving results
 - g) How you will evaluate the process of your proposal

Financial Information

Time period of your project: From _____ to _____

Date when funds will be needed: _____

Total Project cost \$ _____ CHIP grant requested \$ _____

Other Funding sources _____

Submit

Submit 14 copies of the completed application, including additional narrative, budget and board list to:

Salina Regional Health Foundation • 400 S. Santa Fe • Salina, KS 67402

In addition, please include 1 copy of the most recently completed financial audit for the applicant organization.

Questions? You may find your answer on our website at www.srhc.com. If not, call the Salina Regional Health Foundation office at 785-452-6088, or email tmartin@srhc.com.