



## **FY 24-25 Simplified Grant Application: PREVIEW**

A simplified grant application is required of organizations requesting an amount of \$25,000 or less. The application portal will open on July 1, 2024. An overview of the required information is provided below.

### **Organization Information**

- Legal Name of Organization
- Address
- Organization Website
- Organization Introduction: Please provide a brief (100 words) introduction to the organization, and its primary purpose(s).

### **Applicant Information**

- Name (application point of contact)
- Applicant Title
- Applicant Phone

### **Agency Director (if different than applicant)**

- Name
- Phone
- Email

### **Optional**

- An organizational pamphlet or flyer may be attached. If provided, please limit promotional materials to 1-2 pages of information.

### **Previous Funding**

- Has the organization received grant or sponsorship funding from the Grossmont Healthcare District within the past five years? If yes, provide amounts awarded in any applicable year since FY 2019/2020.

### **Grant Information**

- Proposed Project Title
- Project Highlights: Please provide below a concise (100 words) description of the proposed project.
- Amount of Funds Requested
- Number of Unduplicated GHD Residents to be Served: Please indicate the number of unique individuals who reside within the GHD boundaries that you anticipate will be served through this project during the grant year.

- Ages of Population to be Served (select all that apply)
  - Early childhood (up to 5 years)
  - Middle childhood (6-11 years)
  - Adolescent (12-17 years)
  - Adult (18-65)
  - Seniors (65+)
- Which of GHD's strategic priorities best aligns with your project? (select one)
  - Aging
  - Behavioral Health
  - Chronic Conditions
    - Which chronic condition?
      - Heart
      - Stroke
      - Cancer
      - Other: If selected, please describe
  - Other Priority Area:
    - Care Navigation
    - Community Safety
    - Food Insecurity
    - Intellectual and Developmental Disability
    - Workforce Development
    - Another priority not listed here: If selected, please describe

### **Areas of Impact**

Which zone(s) of the Grossmont Healthcare District will your project impact? (select all that apply)

- Zone 1: Santee
- Zone 2: Spring Valley, Lemon Grove, Mountain Empire communities (Tecate, Potrero, Campo)
- Zone 3: La Mesa
- Zone 4: Lakeside, Harbison-Crest, Alpine, Pine Valley, Tribal communities (Barona and Viejas Reservations)
- Zone 5: El Cajon, Jamul

### **Project Description**

- Project Narrative (500 words)
  - Provide a brief description of the proposed project, addressing the following:
    - Problem statement
    - Target population(s) to be served
    - Description of proposed services
    - Organizational capacity to deliver needed services
    - Anticipated impact of the project on the health and well-being of East County residents
- Measurable Project Goals: In addition to the number of unduplicated GHD residents to be served, please briefly describe 2-3 measurable goals that the project aims to achieve.

### **Project Budget and Organization Funding Sources**

- **Project Budget:** The project's total budget, including requested GHD funding as well as other funding that is available to support the project (an electronic form will be provided)
- **All Budget Sources:** The organization's total budget for the current fiscal year and all major sources of revenue (an electronic form will be provided). Required of applicants with an annual operating budget of over \$500,000.