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## Fulton County Community Foundation

### Health and Wellness Grant Application

*To provide support for local charitable public health organizations serving Fulton County.*

**Guidelines:** These grants are intended to support local charitable public health organizations or programs that focuses on the health and wellness of the residents of Fulton County, Indiana.

The funds that make up these Health and Wellness Grants are:

- **The Brent L. Blacketer Memorial Fund** - Established in May 2009 in memory of Brent Blacketer.
- **The Hope Hospice Legacy Fund** - First established in 2007 for the benefit of Hope Hospice to carry out its mission, and amended in 2013 to support local charitable public health initiatives.

To apply, all interested organizations should complete the application include required attachments and email to [corinne@nicf.org](mailto:corinne@nicf.org). You may drop off the application or mail to The Northern Indiana Community Foundation, P.O. Box 807 Rochester, IN 46975. **Up to \$5,000.00 is available.**

## Fulton County Health and Wellness Grants

Application for Funds | **Deadline Date: October 7, 2019**



Name of Organization: \_\_\_\_\_

Name of Fiscal Agent, if applicable: \_\_\_\_\_

Name of Program/Service: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Narrative:** Please limit your narrative to one page total. Begin your narrative with a clear statement of your request, and then provide supporting information. List each question and its answer in order.

1. What are your organization’s mission, goals and services?
2. Describe the program concisely.
3. How will healthcare, wellness and our community benefit from this program? How many people will benefit?

### Please include the following in your request:

- Narrative
- Program Budget
- Other Sources of Financial or Collaborative Support.
- List of Board and/or Advisory Committee Members.
- Documentation or publications that further explain your program.

Signature of Person Submitting Request: \_\_\_\_\_ Date: \_\_\_\_\_