



**Great Smokies Health Foundation
“2018 Thrift Shop Grant Program”**

The mission of Great Smokies Health Foundation is to improve health care in Jackson, Swain, Macon, and Graham Counties in western North Carolina.

As the Foundation further examines health issues and evidence based practices to improve the health and wellness of our service area, the Board of Directors has decided to continue the “Thrift Shop Grant Program”. This program is funded by the profits of the Jackson and Swain County Thrift Shops and focuses on Jackson and Swain counties. Thrift Shop Grants are intended to be one time grants of up to \$5,000 for programs or projects that will impact the health and wellness services of Jackson and Swain County and will be awarded in late August 2018.

Eligibility:

Non-profits, governmental entities, and educational institutions in the specific service area of Jackson and Swain County are invited to apply for the Foundation’s third round of grant making through the 2018 Thrift Shop Grant Program.

Guidelines:

- Grant requests should not exceed \$5000.00.
- Funding must be committed within one year of receipt of grant funds
- All responses to the application form must be contained within the space provided and be typed not hand written with a font of 12 point or larger with ¾ inch margins.
- Completed applications must be limited to a maximum of four (4) pages in length. All requested information and documentation must be attached.
- Applications that exceed the maximum length or that are incomplete will not be considered.
- **Deadline for receipt of the completed applications, either hand delivered to the Foundation Office, (69 Eastgate Drive, Sylva) E-mailed to: gshf.wanda@gmail.com, with hard copy to follow, or received in P.O. Box 176, Sylva NC 28779, is 4 PM on Friday, June 29, 2018.**

The Foundation **will not accept or consider** applications that support the following activities or requests:

- Requests for medical /health research or non-medical/non-health related services
- Requests for individuals, fundraisers, dinners, or faith based organizations for religious purposes.
- Requests that supplant or substitute for existing funding.

To receive an application, answer questions regarding the grant program, application questions, and/or application process contact Wanda Belcher, Foundation Assistant at (828) 507-2270 or E-mail: gshf.wanda@gmail.com.



Great Smokies Health Foundation
P.O. Box 176, Sylva NC 28779
(O) 828-507-2270
E-mail: gshf.wanda@gmail.com

Applications due by June 29, 2018 at 4pm

(Please limit answers to space provided, application not to exceed 4 pages)

Organization Name: _____

Organization Tax ID #: _____

Contact Full Name: _____

Contact Title: _____

Mailing Address: _____

Email Address: _____

Contact Phone No.: _____

Project Title: _____

Requested Amount: _____

Organization Type: Non-Profit Governmental Educational

County Served by Project: Jackson Swain Both

1. What is the mission of your organization?

2. Provide a brief overview about your organization's programs and operations and how they relate to the health of local community?

3. Is this a new Project or a Continuing Project?

_____ **New**

_____ **Continuing. If continuing, explain how the project has been funded in the past and why new funding is needed?**

4. Describe the proposed Project in detail and what impact it will have on health care in the targeted communities.

5. What impact(s) is anticipated from the project including number of individuals being served by the project)? How will this impact(s) be measured?

6. How will your organization and community benefit from this project? How will this impact be measured?

7. Provide a detailed budget of project indicating both revenue and expenses for the project. Please include how the requested funds will specifically be used.

8. What is the 2018 Annual Operating Budget for your Department or organization?
\$ _____

Signature of Project Manager: _____ Date: / /18

Authorized Applicant Signature: _____ Date: / /18
(Executive Director/School Board Principal/Government Agency Director)

Required Attachments:

Non Profit:

- Copy of IRS 501 (c) (3) Determination Letter
- Organizational Budget for Current Operating Year
- Most recent IRS Form 990

All Applicants:

- List of Board members involved in project and their role(s) in the project, if applicable.
- List of Staff members involved in project and their role(s) in the project.
- Project Budget