



1 Project Pitch

2 Review My Application

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save and Finish Later.

Project Pitch

✦ Required before final submission

Healthy Impact Project Pitch

Organizational Information

✦ What is the legal name of your organization?

✦ Indicate any other names the organization is also known as (d.b.a.) Please do not type SAME

✦ Tax ID

✦ Organization Type

Please select the category that best matches your organization.

<Select One>

Statement of your non-profit organization's tax status

Mailing Address

Mailing Address City

Mailing Address State

Mailing Address Zip

Website Address (if applicable)

✦ **Office Phone**

✦ **Office Fax**

✦ **Organization's Background**

Please describe when your organization was formed and what services your organization provides to Mat-Su residents.

Word count **0** of **300**

✦ **E-mail Address**

Request Primary Contact

Please complete the following information as it pertains to the individual delegated the responsibility for submitting this grant and providing any additional information.

✦ **Primary Contact Prefix**

<Select One>

✦ **Primary Contact First Name**

✦ **Primary Contact Middle Name**

✦ **Primary Contact Last Name**

Primary Contact Suffix

<None>

✦ **Primary Contact Title**

✦ Primary Contact Office Phone ✓

✦ Primary Contact Office Fax ✓

✦ Primary Contact E-mail ✓

Executive Director/CEO Information

Please complete the following information as it pertains to your organization's Executive Director/CEO.

Prefix

<Select One>

First Name ✓

Middle Name ✓

Last Name ✓

Suffix

<None>

Executive Director/CEO Title ✓

Office Phone ✓

E-mail ✓

Project Information

✦ Project Title

✦ Project Summary

Brief Description of the Project (25 words)

✦ Project Description

Please provide a narrative of the intended program/project and a description of how the requested funds will be used (maximum of 500 words). ✓

Word count 0 of 500

❖ **Term:** Please indicate how many months your project is expected to take for completion.

Example 10

❖ **Request Amount**

Amount of funding you are seeking from the Mat-Su Health Foundation (must exceed \$15,000).

❖ **Total Project Budget**

The entire amount of funding you are seeking for this project.

❖ **Focus Area**

Healthy Aging

Healthy Foundations for Families

Healthy Minds

Other

Safety Net

❖ **Funds Leveraged**

Please indicate other types of funds that will be leveraged due to receipt of this grant.

Borough Government

City Government

Educational Organization

Federal Government

For Profit Entity (Corporate Donor)

Individual Donations

Nonprofit Outside MSB

Not Applicable (N/A)

Other MSB Based Nonprofit

Other

Private/Public Foundation

State Government

❖ **Collaboration**

Please indicate other types of organizations that you will be collaborating with to make this project a success.

- Borough Government
- City Government
- Educational Organization (Schools/University)
- Federal Government
- For-Profit Organization
- MSB Nonprofit Organization
- None (N/A)
- Nonprofit Organization - Outside MSB
- State Government

✦ Collaborative Partners

Please list names of organizations or other entities who will participate in this project.

Word count **0** of **500**

✦ Please indicate the geographical location where most of your clientele reside.

- Big Lake
- Chickaloon
- Glacier View
- Houston
- Knik Goose Bay
- Meadow Lakes
- Outside Mat-Su
- Palmer/Wasilla Core Area
- Palmer
- Sutton
- Talkeetna
- Trapper Creek
- Wasilla
- Willow

✦ Mat Su Beneficiaries Total

Please provide an estimate of how many Mat-Su Borough residents will benefit if MSHF provides funding to your organization as outlined in your request.

❖ Beneficiaries Total

Please provide an estimate of how many residents will benefit if MSHF provides funding to your organization as outlined in your request.

❖ Population Served

Please choose all categories that would benefit from this grant award.

- Behavioral Health Clients
- Developmentally Disabled
- Disaster Victims
- General and Disadvantaged
- Homeless
- Not Applicable N/A
- Other
- Physically Disabled
- Provide Services to All
- Seniors
- Veterans

❖ Program Framework Criteria

Please indicate the criteria that best describes what this grant will be used for.

- Abuse - Sexual, Physical, Verbal
- Addiction - Alcohol/Substance Abuse
- Adoption/Foster Care
- Before and After School Activities
- Conservation
- Dental Health
- Disability - Physical
- Education
- Employment
- Food and Beverages
- Health Education
- Health Fairs
- Housing/Homelessness
- Immunization/Vaccines
- Meals
- Medical Health
- Mental Health
- Other
- Physical Activity
- Physical Education
- Policy
- Recycling
- Safety
- Seniors/Healthy Aging
- Tramatic Brain Injury
- Transportation
- Wellness Programs

❖ Age Group

Please choose all categories that would benefit from this grant award.

- All Ages
- Infant (0-12 months)
- Toddler (1 - 3)
- Child (4-12)
- Teen (13-17)
- Young Adult (18-24)
- Senior (65+)

❖ Ethnicity

Please choose all categories that would benefit from this grant award. If all, please indicate "All Nationalities."

- African American
- Alaska Native/American Indian
- All Nationalities
- Asian
- Caucasian
- Hawaiian/Pacific Islander
- Hispanic
- Native American
- Other

✦ Gender

Please choose all categories that would benefit from this grant award. If all, please indicate "ALL."

- ALL
- Female
- Male

✦ Type of Support

Please choose the type of support your organization is seeking.

- Capacity Building/Organization Development
- Capital
- Challenge Grant
- Community Training
- General Operating Support
- Marketing
- Media Projects
- Project Support
- Research/Evaluation
- Staff Development
- Technical Assistance

✦ Project Start Date



✦ Project End Date



Sample - Application
MUST be submitted online.