

Sample Application

Welcome to the PHW Mini-Grant Application!

Please read all instructions before proceeding to the form.

We are excited to partner with your faith community on the journey to health and wholeness. As you complete this application, please keep in mind:

1. Your grant request should be for a specific project or program in your health ministry that is related to one or more of our focus areas:



Tips for a successful application:

BE SPECIFIC

“We will use the funds to create more opportunities to discuss mental health in our congregation.”

While this does align with the mental health focus area, the description is too vague. Instead:

“We will use the funds to hold a mental health symposium at our church on March 13, 2023. We will invite guest speakers, offer free counseling sessions, and serve healthy lunch to participants.”

ALIGN YOUR PROJECT

“We want to start a food pantry for the needy.”

While we definitely uplift and recognize the legitimacy of this type of need in our communities, this project does not align with one of our focus areas. Instead:

“We want to start a food pantry that focuses on collecting fresh fruits and vegetables with fewer processed ingredients. We will also offer cooking demonstrations.”

By adding in the healthier food choices and cooking demonstrations, this project now aligns with our healthy eating focus area.

2. If applicable, we like to see that your project has a planned timeline. We recognize that some projects may be ongoing. Do your best to let us know how your project will progress over time.
3. We want to know how you plan to measure the success of your project or program. What are your desired outcomes? How will you decide whether or not you achieved your desired outcomes? This data can be qualitative, quantitative, or both. Surveys from your participants and attendance records are good ways to track your program’s success.
4. We need to see how you will use the funds. Please provide an itemized budget for your project (estimates are OK). There are some expenses we do not fund, such as:
 - Office Furniture: We do not fund
 - Rent: We do not fund
 - Utilities: We do not fund
 - Salary: We do not fund
 - Pamphlets: Needs-based – Many organizations offer low or no cost pamphlets
 - Books: Needs-based – Please reach out to PHW about specific books
 - DVDs: Needs-based – Please reach out to PHW about specific DVDs
 - Door prizes & incentives i.e. T-shirts, awards: up to 33% of the total budget – If direct connection to health ministry is clear
 - Copies: Needs-based – If direct connection to health ministry is clear
 - Copier ink: up to 33% of the total budget
 - Presenters: Needs-based – preference towards PHW staff, local specialists, or low-cost presenters
 - Technology: Needs-based – If direct connection to health ministry is made clear

Mindful Together: Your Health Ministry in the Midst of a Pandemic

As we’ve adjusted to the ‘new normals’ of living with COVID-19, we hope you will continue to be mindful of the health and safety of everyone who participates in your health initiatives. Please consider masking for indoor events and contingency plans in case a spike in the virus occurs. Consider virtual options for those who still choose to social distance.

Please note: You must complete this form in one sitting. You cannot save your work and come back. We recommend typing your answers in a separate document before you begin filling out the form in case the form does not successfully submit for any reason.

Remember, we are here to help you with your grant application and with the implementation of your project or program with your faith community. Contact phwinfo@ncchurches.org for any questions or to be connected to your Regional Director for more support.

Let's begin!

General Information

Congregation Name *

Mailing Address

Postal Mailing Address *

City *

Country *

State *

Zip Code *

North Carolina County *

Physical Address

Physical Street Address (if different from Mailing Address)

City

State

Zip Code

Church Health Lead Contact Information

Title

First Name *

Middle Name

Last Name *

Suffix

Primary Phone Number *

Email *

Phone Number for Main Office *

Faith Leader's Title and Contact Information

Title

First Name *

Middle Name

Last Name *

Name Suffix

Email *

Details About Requested Funds

Please select all the PHW health focuses that the funds would go towards: *

- Tobacco/Nicotine Education
- Increasing Physical Activity
- Healthy Eating
- Mental Health Advocacy
- Healthy Aging
- Overdose/Substance Use
- HIV Advocacy

If OTHER, please describe:

Please be as descriptive as possible in the following five questions.

COMMUNITY NEEDS: What is the need in the congregation and community that will be met by this project or program? Why is this project/program the best/most effective approach? (Must be at least 4 sentences) *

PROJECT OR PROGRAM: Please describe the purpose for which the funds are being requested. Include details about who will be involved and when and where it will take place. This section should answer who, what, when, where, why, and how frequently. The more details you provide the better we understand your initiative. (Must be at least 6 sentences) *

WORK PLAN AND TIMELINE: Provide a brief statement outlining the scope of work including the following: 1) Timeline of project/program 2) Who will complete each activity 3) List of partner organizations *

FUNDING & BUDGET: Please list the itemized expenses associated with the project. Budgets should include specific amounts needed for each aspect of the project. If this request is part of a larger project, please indicate where other funds are being pursued. *

Example

\$15 per shovel (3) - \$45
\$10 per lunch (10 people) - \$100
Total: \$145

Total Amount Requested: *

EVALUATION: How will you measure the results of the project to determine impact? For example: Attendance numbers, surveys, goal setting, self-reporting milestones, testimonies, policy changes like "we will no longer serve sugar-sweetened beverages" (Must be at least 3 sentences) *

RESULTS: What are the results you hope to achieve and how will you sustain these results? Take into consideration where you are beginning and where you hope to go with your results. (Must be at least 4 sentences) *

Please check below to indicate your understanding of the grant eligibility guidelines and dates of submission. *

I Understand

What's Next

1. You will receive an automated confirmation email when this form is received by our office. A copy of your responses will be sent to you and your faith leader. This confirmation email does not mean that your grant application as been approved, only that we have received it.
2. If your grant is approved, you will receive an acceptance email within four weeks. If your grant is not approved, we will follow up with you to help you rework your application for resubmission.
3. Before funds are disbursed, you will need to enter into our Grant Covenant:
 - 1) Funds will only be used for the project submitted.
 - 2) Any major changes to the project submitted must be approved by staff.
 - 3) In the event that the submitted project cannot be completed, PHW will receive immediate notification and funds will be returned within 30 days.
 - 4) Complete and accurate records of how grant funds are spent will be kept and made available to PHW if requested.
 - 5) Funds cannot be transferred to another faith community without prior approval from staff.

A link to confirm your acceptance will be included in your approval email (this is separate from your application and will only be available after your grant has been reviewed and approved). The Grant Covenant must be accepted before funds can be disbursed. Upon completion of the Grant Covenant, a check will be mailed to the address provided in this form within 4-6 weeks.

As always, please contact phwinfo@ncchurches.org with any questions. We will be glad to assist you!