

# Welcome to the PHW Focus Area-Specific 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 must be for a specific project or program in your health ministry that is related to one of the following focus areas:



- **Overdose Response**
- **Tobacco/Nicotine Education**

**Tips for a successful application:**

**BE SPECIFIC**

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

While this does align with the overdose/substance use focus area, the description is too vague. Instead:

*“We will use the funds to hold a town hall discussion on substance use at our church on January 8, 2024. We will invite guest speakers, offer free counseling sessions, and serve healthy lunch to participants.”*

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. Success stories are always great. What programs have already been implemented? Is the community better off?
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

**Not sure where to begin?** If you would like to implement a program in your faith community but need help knowing where to start, we can help! [Click here to view our focus area project menus.](#) You may also contact Donna Parks Hill at [donna@ncchurches.org](mailto:donna@ncchurches.org) for more guidance.

**Please note: You must complete this form in one sitting.** You cannot save your work and come back. We recommend that you type 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](mailto:phwinfo@ncchurches.org) for any questions or to be connected to your Regional Director for more support.

Let's begin!

## General Information

### Faith Community Information

Congregation Name \*

Denomination \*-

Size of Congregation

Racial and Ethnic Make-Up \*-

**Mailing Address**

Postal Mailing Address \*

City \*

Country \*United States

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- None -

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 \*

# Project Information

Please select which PHW Focus Area that the funds would go towards: \*  
Overdose/Substance Use

Tobacco/Nicotine Education

## Project Details

Please be as descriptive as possible in the following five sections. Do you need project ideas? [Click here to view our focus area project menus.](#)

**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: \*

\$

**RESULTS/OUTCOMES:** 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. For example: "Participants will have an increased awareness of the overdose crisis." (Must be at least 4 sentences) \*

**EVALUATION:** How will you measure the results of the project to determine impact? For example: Attendance numbers, post-event surveys, goal setting, self-reporting milestones, testimonies, policy changes such as "We will remove stigmatized language around addiction from our messaging." (Must be at least 3 sentences) \*

# 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. **Grant award decisions will be made in two rounds. Round 1 ends on September 30, 2023. If you apply before September 30, we will let you know on or after this date as to the status of your application. If your grant application is not approved in the first round, you will have the opportunity to reapply for the second round, which ends on November 30, 2023. Anyone who applies after September 30, 2023 or is reapplying during the second round will be notified about the status of their application on or after November 30.**
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](mailto:phwinfo@ncchurches.org) with any questions. We will be glad to assist you!

Please check below to indicate your understanding of grant eligibility requirements and timeline for notifications regarding your application (see #2 under 'What's Next'). \*

I Understand