

# 2021 Mini Grants

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*Health Foundation, Inc.*

## *Organization Information*

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### **Organization Name\***

*Character Limit: 250*

### **Project Contact Name\***

*Character Limit: 250*

### **Project Contact Phone\***

*Character Limit: 250*

### **Project Contact Email\***

*Character Limit: 254*

## *Project Information*

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### **Project Name\***

Name of Project.

*Character Limit: 100*

### **Amount Requested\***

Please choose from one of the following options:

#### **Choices**

\$250

\$500

\$750

\$1,000

\$1,500

\$2,000

\$2,500

### **Please describe the project.\***

Please include program objectives and timeline of activities.

*Character Limit: 6000*

## How will this project contribute to the health and well-being of Wilkes Countians?\*

*Character Limit: 3000*

## How do you plan to evaluate your project?\*

In regards to your proposed project, please create a plan to evaluate it. Please use the format below to answer.

### 1. How **much** you plan to do

Example: # of customers served; # of activities

### 2. How **well** you carried out the project

Example: % of actions done in a timely matter and correctly; percent of clients completing activity; percent of actions meeting standards; customer satisfaction (Did we treat you well?)

### 3. Is anyone **better off**?

Example: % change in one or more: Skills/Knowledge; Attitude/Opinion; Behavior; Circumstance

*Character Limit: 3000*

## Please provide a short budget narrative for your project.\*

Please describe how you plan to spend the funding.

*Character Limit: 3000*