 **Grant Application**  
 (Revised October 2018)

The mission of the Qlarant Foundation (Qlarant) is to improve the health of individuals and communities. To achieve this goal, we provide charitable grants to non-profit organizations that wish to undertake improvement projects. We prioritize funding based on a project’s potential to impact access to improved healthcare and human services through the use of measurable outcomes.

**Instructions:**

1. A complete grant proposal should include these items:

* A cover letter
* Proposal narrative
* Attachments as indicated in Part III

1. Submit the proposal in 12-point font
2. Clearly identify each section of the proposal
3. Number each section of the proposal
4. Submit 4 copies. Each one should be separately bound. Binder clips, binders or binding methods are acceptable. Paper clips and rubber bands are not acceptable.

**I. Cover Letter** (maximum of 2 pages)

**Include a cover letter** on letterhead that includes the following about the program for which you are submitting a grant proposal:

1. Name of program to be funded by Qlarant;
2. Purpose of program;
3. A strategic reason for QHF to consider this program stating how it fits into the mission of Qlarant;
4. Amount requested;
5. The time-line for completion of the program. If more than one year, the milestone(s) to be met in the grant funding year;
6. The name of the contact person and contact information;
7. If portions of the program are to be funded by other sources, state sources of the funding
8. Signature of President of the Board of Directors and the Executive Director.

**II. Proposal Narrative** (maximum of 3 pages)

Write a narrative that includes the following:

1. Brief description of the program for which funding is requested;
2. List up to 4 primary, measurable outcome goals for the program and for each goal, how you plan to measure improvement so that outcomes are clearly communicated. Please review the enclosed Quarterly Report form QHF expects grantees to submit. See Addendum 1
3. Who the program serves and why and how many individuals you expect to reach;
4. Why your organization is uniquely and best positioned to implement the program;
5. State in detail how you will spend the QHF funds.
6. Your plans to sustain the program at the termination of the grant.

### III. Attachments

The following attachments are **REQUIRED** unless otherwise specified

A. **Describe your organization to include the following**: (maximum of 2 pages)

1. Your mission statement;
2. A summary of your organization’s history;
3. Your primary programs and activities;
4. Your accomplishments;
5. Number of staff with job titles;
6. Use of volunteers;
7. Length of time Executive Director has been in place and brief description of his/her job history and education;
8. List of Officers and Directors (not subject to page limit requirement)

B. **Documentation of 501(c) tax status and recent 990 if applicable**.

C. **List the key personnel** of the program for which you are requesting funds and a few sentences describing

each job description.

###### D. Finances

1. The organization’s current annual operating budget—use form provided;
2. Budget for one year of program for which funding is requested—use form provided
3. A COMPLETE AUDIT REPORT IS NOT NECESSARY.  PLEASE SUBMIT YOUR MOST RECENT MANAGEMENT REPRESENTATION LETTER ONLY.

### IV. Organizational Budget

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, you may submit them in their original forms. Attach a narrative explaining the budget, if necessary.

### ORGANIZATION INCOME FISCAL YEAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Source** |  | **Amount** |
| Support |  |  |
| Government grants |  | $ |
| Foundations |  | $ |
| Corporations |  | $ |
| United Way or other federated campaigns |  | $ |
| Individual contributions |  | $ |
| Fundraising events and products |  | $ |
| Membership income |  | $ |
| In-kind support |  | $ |
| Investment income |  | $ |
|  |  |  |
| Revenue |  |  |
| Government contracts |  | $ |
| Earned income |  | $ |
| Other (specify) |  | $ |
|  |  | $ |
|  |  | $ |
|  |  |  |
| **Total Income** |  | **$** |
|  |  |  |

### ORGANIZATION EXPENSES FISCAL YEAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Item** |  | **Amount** |
| Salaries, wages and benefits |  | $ |
| Insurance and/or other taxes |  | $ |
| Consultants and professional fees |  | $ |
| Travel |  | $ |
| Equipment |  | $ |
| Supplies |  | $ |
| Printing and copying |  | $ |
| Telephone and fax |  | $ |
| Postage and delivery |  | $ |
| Rent and utilities |  | $ |
| In-kind expenses |  | $ |
| Depreciation |  | $ |
| Other (specify) |  | $ |
|  |  | $ |
| Total Expense |  | $ |
| **Difference (Income less Expense)** |  | **$** |

### PROGRAM/PROJECT INCOME Fiscal Year: \_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** |  | **Amount Committed** | **Amount Pending\*** |
| Support |  |  |  |
| Government grants |  | $ |  |
| Foundations |  | $ |  |
| Corporations |  | $ |  |
| United Way or federated campaigns |  | $ |  |
| Individual contributions |  | $ |  |
| Fundraising events and products |  | $ |  |
| Membership income |  | $ |  |
| In-kind support |  | $ |  |
| Investment income |  | $ |  |
|  |  |  |  |
| Revenue |  |  |  |
| Government contracts |  | $ |  |
| Earned income |  | $ |  |
| Other (specify) |  | $ |  |
|  |  |  |  |
| **Total Income** |  | **$** |  |

*Note: Pending sources of support include those requests currently under consideration. Please indicate anticipated decision date*

### PROGRAM/PROJECT EXPENSES

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** |  | **Amount** | **%FT/PT** |
| Salaries and wages (by individual position and indicate full- or part-time.) |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
| SUBTOTAL |  | $ |  |
| Insurance, benefits and other related taxes |  | $ |  |
| Consultants and professional fees |  | $ |  |
| Travel |  | $ |  |
| Equipment |  | $ |  |
| Supplies |  | $ |  |
| Printing and copying |  | $ |  |
| Telephone and fax |  | $ |  |
| Postage and delivery |  | $ |  |
| Rent and utilities |  | $ |  |
| In-kind expenses |  | $ |  |
| Depreciation |  | $ |  |
| Other (specify) |  | $ |  |
| Total Expense |  | $ |  |
| **Difference (Income less Expense)** |  |  |  |