



## Somerset Hills Community Health Foundation Fund

Date of Application

Name and Address of Organization

Main Contact for Proposal – Name, title, email address and phone number

Name of Project

Amount Requested

Projected Annual Budget for Organization

Project/Program Budget

Mission and Major Programs of Organization

Information about Program Funding Request

Describe the program you are seeking funding for and include the following:

Primary purpose of program

Population served (demographics and numbers)

Program activities

If a new program, how need of program was determined and projected start date

If an ongoing program, length of time program has been in place & previous funding

If expansion of current program – means of justification

How Does Program Benefit the Residents of Somerset & Morris County?

Community Partnerships

Program Evaluation (explain how program effectiveness will be measured, metrics used and short and long-term goals)

Most recent Audited Financial Statements

Board of Trustees/Directors and Affiliations

Additional Information (i.e. Annual Report, Press Articles, other collaborations & funding sources)

If Previously Funded Grant Report (outcomes vs. objectives)