

**Gogebic Range Health Foundation
Small Grant Proposal Form**

Organization Name:	
Organization Address:	Contact telephone number:
City: State: Zip:	
Contact person:	Contact email address:
Name of Project:	
Funding Amount Requested: \$	
Project Start Date:	Project End Date:
<ol style="list-style-type: none">1. Describe the project including overall goals and how it aligns with the Gogebic Range Health Foundation focus area for this funding cycle.2. Describe the need for the project and how the project activities will address the need. Please include a list of the project activities.3. Who is your primary audience for this project? Please choose one. Children, young adults, adults, senior citizens, disabled, disadvantaged4. Where will your project be located or administered? City, county, region, other5. Describe how you will monitor progress during the project and show success.6. Describe your outreach and marketing efforts.7. How will you recognize the Gogebic Range Health Foundation?	
Please complete the budget form provided.	

Acknowledgement

I verify that the information in this application is correct to the best of my knowledge and that I have completed all the items necessary for my application.

Signature

Date

Gogebic Range Health Foundation

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Application Checklist

- _____ Application Form
- _____ Grant Budget Template (use form provided)
- _____ One Letter of Support