

**GREEN RIVER VALLEY HEALTH FOUNDATION (GRVHF)  
FUNDING AND/OR SUPPORT REQUEST APPLICATION**

**GENERAL INFORMATION**

Date of Request	
Organization Name	
Contact Name	
Contact Phone #	
Contact Email	

**REQUEST DETAILS**

<p><b>1. Project, Program, and/or Service Title</b></p>
<p><b>2. Targeted Patient(s)</b> Describe the population(s) this will program target.</p>
<p><b>3. Benefits</b> Describe the ways this request will improve health care outcomes.</p>
<p><b>4. Program Description</b> Describe the problem or opportunity this grant will address. (Maximum of 300 words)</p>
<p><b>5. Proposal</b> Provide a summary of the request including specific goals and anticipated outcomes, as well as overall timeframe with major milestones. (Maximum of 500 words)</p>
<p><b>6. Implementation Plan</b> Describe how this request will be implemented including all facilities, people, equipment, and materials that will be involved. Include major milestones and targeted completion date. Describe how outcomes will be measured. (Maximum of 800 words)</p>
<p><b>7. Collaborating Organizations</b> If this request involves collaboration between organizations, please list each one and their role.</p>
<p><b>8. Funding or Estimated Time Requested</b> List major line items and funds or support being requested.</p>
<p><b>9. Budget Narrative</b> Describe the source of budget assumptions. Include a justification for the cost of the program, as well as an explanation as to how you arrived at estimated expenses and revenues, if applicable. If the program is to be ongoing, how will funding be sustained? (Maximum 300 words)</p>
<p><b>10. Other Possible Funding or Support Sources</b> List any sources that you are aware of that could provide or could be interested in providing support for this proposal. This list could include individuals, local businesses, corporations, associations, charitable organizations, foundations as well as local, state, or federal funding sources.</p>

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**11. Other Information**

Please add any additional information for the review committee to consider. (Maximum 300 words)

**Expectations of Grantee Organizations:**

- Attend at least one GRVHF Board meeting
- Place GRVHF logo w/link on your website
- Display tri-fold GRVHF info cards at organization location
- Provide a silent auction item for the GRVHF annual event
- Provide final report using GRVHF Final Report Template within 3 months of implementation

**CERTIFICATION**

I certify the information provided in this application is true and correct to the best of my knowledge. I understand that any false statements made herein will void this application and I will be ineligible for support from the GRVHF. I have read the eligibility requirements and certify that the proposed request is eligible. I also certify that I understand and agree to the grantee expectations, review process, timing, and criteria as stated in this application.

Applicant Signature	
Applicant Printed Name	
Date	

Please print out, sign and mail this completed application to:

Green River Valley Health Foundation  
PO Box 1709  
Pinedale, WY 82941

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*For RHF Use Only*

Approved – Yes or No	
If No, Explanation	
GRVHF Board Review Date	
GRVHF President Signature	
GRVHF President Printed Name	
Date	