



Eastern Area Health Education Center
Freedom's Run Community Grant Fund



GRANT REQUEST FORM

SECTION I – ORGANIZATION INFORMATION

Requesting Organization:

Non-profit 501(c) 3: YES NO

Contact Name: Title:

Phone: Email:

Mailing Address:

City: State: Zip Code:

Provide a brief description of your organization and its accomplishments/experience with this type of project or in promotion of health and/or heritage (attach additional information if needed):



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SECTION II – PROGRAM/PROJECT INFORMATION

Program/Project Name:

Program/Project Type:

Program/Project Summary and Description:

Estimated Completion Date:

How does this program/project relate to health and/or heritage?

Approximately how many individuals will be impacted by this program/project?

Demographic of individuals impacted (select all that apply): YOUTH ADULTS

GENERAL PUBLIC LOW INCOME MINORITIES RURAL

Eastern Panhandle counties impacted by this program/project (select all that apply)

BERKELEY GRANT HAMPSHIRE HARDY JEFFERSON

MINERAL MORGAN PENDLETON TUCKER

List any areas outside of the Eastern Panhandle of WV that will be impacted by this program/project:



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SECTION IV – CHECKLIST AND CERTIFICATION

1. Grant Request Form Completed
2. Bids/quotes are attached as required per section III
3. Sign and date the certification below
4. Submit grant request to Candus Sutphin before October 31st using a method below:
 - a. Email to: csutphin@wvumedicine.org
 - b. Fax to: (304)264-9042 ATTN: Candus
 - c. Mail to: EAHEC
Attn: Candus
2500 Foundation Way
Martinsburg, WV 25401

I hereby certify that all information contained in this request and all information attached to this request, as applicable, is true and complete to the best of my knowledge.

Signature

Date

THIS SECTION FOR EAHEC USE ONLY

Date request received:

All required materials received? YES NO

Decision date: APPROVED DENIED RETURNED FOR RESUBMISSION

Funding amount approved:

Additional information: