



HEART OF
West Georgia

GRANT APPLICATION
DEADLINE: On-Going
www.heartofwestgeorgia.org

**NOTE: [CLICK HERE](#) TO GO TO
SECTION #8 FOR AUTOMATIC
EXTERNAL DEFIBRILLATOR
(AED) GRANT INSTRUCTIONS**

SECTION #1 - APPLICANT ORGANIZATION

Organization Name:

Mailing Address:

Phone Number:

Fax Number:

Website:

Federal Tax ID # (If Applicable):

Name of Chief Administrative Officer (overseeing this grant):

Title of Chief Administrative Officer:

Email Address of Chief Administrative Officer:

Board President/Board Chair:

Email Address of Board President/Chair:

Chief Administrative Officer is presently a: **F/T Employee** **P/T Employee** **Volunteer**

Full Time staff:

Part Time Staff:

Volunteers:

**Mission & Background of Organization, including populations served, specific services provided
and results and outcomes (300 words or less):**

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SECTION #2 - FINANCIAL INFORMATION

Current Annual Operating Budget Amount (Cash):

Fiscal Year-End Date:

Date of last financial audit (If Applicable):

SECTION #3 - FUNDING REQUEST

Project Title:

Amount Requested:

This is the amount you are requesting from Heart of West Georgia. It should be no more than 15% of your annual operating budget (The 15% of annual budget requirement does not apply to automatic external defibrillator (AED) grant requests). Heart of West Georgia generally does not provide grants in excess of \$5,000. Note: Grant request less than \$1,000 will not require Section #2 documentation.

Funding will be used to:

Provide access to medical support for heart related issues
Provide access to medical support for women's health issues
Provide access to medical support for obesity health issues
Provide support for *Automatic External Defibrillator (AED)* purchase (See **SECTION #8** for further details)
Purchase, implement, or maintain current heart related medical equipment
Provide support for facility or service area operations.
Other

Check this box if you are attaching documentation to support this request (e.g., position description, quote or cost estimate from selected vendor, etc.)

Statement of Need *(Explain in 250 words or less why you are requesting funds for this project, how it will improve access to care and/or support, how it will improve service delivery, and how it will impact your outreach.)*

Project Plan and Timeline *(Describe in 300 words or less how and when you will implement and operationalize this project.)*

SECTION #4 - EXPECTED SUCCESSES AND OUTCOMES

Deliverables should include specific actions with rationale and benefits to be taken as a result of this grant request. (350 words or less).

SECTION #5 - GRANT BUDGET

Budget Justification Narrative (*Explain in 350 words or less how you arrived at the amount requested and specific costs*):

SECTION #6 - SIGNATURES

We hereby certify that all of the information contained in this application, and the attached documentation, is true and accurate to the best of our knowledge.

Signature of Chief Administrative Officer: _____ Date: _____

Signature of Board Chair/President: _____ Date: _____

ORIGINAL SIGNATURES AND DATES ARE REQUIRED (NO TYPED OR ELECTRONIC RENDERINGS)

SECTION #7 - INSTRUCTIONS FOR SUBMISSION

- Submit the *Application and Attachments to one of the two (2) options below*:
- Email: board@heartofwestgeorgia.org
- Mail: Heart of West Georgia, P.O. BOX 303, LaGrange, GA 30241

SECTION #8 – AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) GRANT INSTRUCTIONS

- Please complete the following sections of the Heart of West Georgia Grant Application for Automatic External Defibrillator consideration:
 - SECTION #1
 - SECTION #3
 - SECTION #6
- Please Contact the Board by email (board@heartofwestgeorgia.org) for further details and unit pricing regarding this instrument
- A minimum of four (4) personnel must be trained in the operation of this instrument prior to receiving the grant

SECTION #9 - ATTACHMENTS

ATTACHMENT 1: IRS 501c3 letter (If Applicable)

ATTACHMENT 2: Copy of organization's current annual operating budget (Summary Detail Only)

ATTACHMENT 3: Completed Grant Budget document

ATTACHMENT 4: Documentation to support the request --- (If Applicable)

ATTACHMENT 5: Most recent audit – Cover (Signature) Letter Only -- (If Applicable)

ATTACHMENT 6: Most recent Federal Form 990 (If Applicable) – Cover and Signature page(s) only