2021 Premera Rural Health Care Fund

*Alaska Community Foundation*

# *Project Name*

## Project Name\*

Name of Project

*Character Limit: 100*

# *Organization Information*

## Organization Background\*

Please include:

* Mission statement;
* What services you provide;
* Approximately how many clients you serve;
* In what area(s) you provide services.

o Please specify if your organization serves rural communities outside the cities of Anchorage, Mat-Su, Fairbanks, Juneau.

*Character Limit: 3000*

## Organization's Profit and loss statement for the most recently completed fiscal year\*

*File Size Limit: 3 MB*

## Organization's balance sheet for the most recently completed fiscal year\*

*File Size Limit: 3 MB*

## Organization's Current fiscal year (12 months) operating budget\*

*File Size Limit: 3 MB*

## Operational Budget Comments\*

Please explain any financial circumstances that are unique to your organization.

*Character Limit: 1000*

## Please upload a list of your Board of Directors\*

*File Size Limit: 2 MB*

## Board Giving\*

Has 100% of your board made a financial contribution to the organization within the last 12 months?

### Choices

Yes

No (please explain below)

N/A (tribal organizations are exempt from this requirement)

## If you answered no to the above question please explain in the text area below

*Character Limit: 500*

# *Project Information*

**If your organization would like to have a draft review of your application, complete and save your application, but do not submit. Please email The Alaska Community Foundation at** [**grants@alaskacf.org**](mailto:grants@alaskacf.org) **to request a review.**

## Request amount?\*

Requests may be made for up to $100,000.

*Character Limit: 20*

## Project Description\*

Please describe the activity you propose to undertake in one paragraph.

*Character Limit: 300*

## Project Narrative\*

Please provide the following in the project description:

 Need for the project and current status

 Description of project

 Amount requested and how requested fund will be used

 How was project budget developed?

 How the balance will be funded or raised?

 How project will improve program and/or organization?

 Future sustainability

 Project director and qualifications

 Project timeline including when it is scheduled to begin (projects must be completed within a one-year period).

*Character Limit: 3000*

## Budget Spreadsheet\*

Upload the project budget using the spreadsheet provided: [Premera Rural Health Fund Budget](http://alaskacf.org/wp-content/uploads/2019/03/ACF-Budget-Spreadsheet-Form.xls) [Spreadsheet](http://alaskacf.org/wp-content/uploads/2019/03/ACF-Budget-Spreadsheet-Form.xls)

*File Size Limit: 3 MB*

## Additional Information

Upload any document(s) that may relate to project, if needed.

*File Size Limit: 3 MB File Size Limit: 3 MB*

## Due Diligence Follow-up information

This section includes additional information gathered by ACF staff during the due diligence phase of the grant review that could be helpful in making grant award decisions.

*Character Limit: 5000*

# *Electronic Signature*

With my electronic signature, I certify that the information provided in this application is true, correct, and complete. I agree to allow any information on this application (unless otherwise noted) to be released for publication. I authorize The Alaska Community Foundation to verify any information submitted as part of this application.

### I have read and agree to the above information.\* Choices

Yes

No

**Date\***

*Character Limit: 10*

## Title of Authorizing Official\*

The Authorizing Official has the authority to solicit and accept grants on behalf of their organization.

*Character Limit: 75*

## Electronic Signature\*

By typing in your name below, you certify that the above information is true and accurate to the best of your knowledge.

*Character Limit: 75*

Direct questions related to the online application system or requests for a draft review to The Alaska Community Foundation by email: [grants@alaskacf.org,](mailto:grants@alaskacf.org) or by phone: 907-334-6700.