



Grant Year July 1, 2018 through June 30, 2019

1889 FOUNDATION CREATIVE HEALTH IMPACT GRANT APPLICATION

| A. Applicant Information | | | |
|---------------------------------|---------------------------------|----------|--|
| Organization Name | | | |
| Contact Person | | Title | |
| Address | | | |
| Phone | | Cell | |
| Email | | | |
| EIN Number | | | |
| County (or Counties) of Project | Cambria | Somerset | |
| Pre-Application Meeting Date | Pre-Application Phone Call Date | | |

Please provide two different original signatures and date (in blue ink) on each copy of this document.

| SIGNATURES | |
|--|--|
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">President, Chairman or Board Member Typed Name and Title</p> | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center;">Project Manager Typed Name and Title</p> |

Signature and Date

Signature and Date



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A. Brief Organization History:

B. Project Description

1. Project Title:

2. Health, Wellness and the Arts: Describe your project. What are the project's goals? How will the project contribute to the health and wellness of the community?

3. Impact: Describe your target audience, how this project will impact it and how it will impact the community as a whole. Describe your publicity and marketing plans and how you will market to your target audience and the community.

4. Management: Who will manage, what collaborations will be formed, what business and community support do you need? Describe your efforts to collaborate with other organizations on this project. List In-kind support. List any budget items that require explanation.

C. Project Evaluation

1. List the measurable and immeasurable objectives this project will accomplish and explain how you will know if you accomplished the intended objectives.



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| D. Project Income | | |
|---|------------------|--------------------------------|
| LIST ALL SOURCES OF CASH INCOME FOR THIS PROJECT: | Check if secured | DO NOT INCLUDE IN-KIND SUPPORT |
| 1. Grant Amount Requested: | | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. | | \$ |
| 5. | | \$ |
| 6. | | \$ |
| 7. | | \$ |
| 8. | | \$ |
| 9. | | \$ |
| 10. | | \$ |
| 11. | | \$ |
| 12. | | \$ |
| 13. | | \$ |
| 14. Total project income (1 + 2 + 13): | | \$ |

| <i>E. Project Expenses</i> | |
|---|----|
| LIST ALL EXPENSES FOR THIS PROJECT: | |
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| 11. | \$ |
| 12. | \$ |
| 13. | \$ |
| 14. Total Project Expenses (1 through 13. Must match line D14): | \$ |



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PREPARING THE GRANT APPLICATION FOR MAILING

The Pennsylvania Rural Arts Alliance is committed to making this process simple and clear. If you have any questions, or need help, please call Rebecca Catelinet at the PRAA office at 814-472-3927 or email at director@praa.net.

The application packet should include:

- 2 complete copies (single sided copies) of the narrative and budget pages with original signatures in blue ink on first page of each copy
- 2 complete copies of all support materials
- Self-addressed envelope for return of support materials - optional
- **DO NOT STAPLE**

Mail the grant application packet to:
Pennsylvania Rural Arts Alliance
Attn: Rebecca Catelinet
PO Box 9
Loretto, PA 15940