



Grant Year September 1, 2024 through August 31, 2025  
 Grant Application Deadline June 28, 2024

**1889 FOUNDATION  
 CREATIVE HEALTH IMPACT GRANT APPLICATION**

<b>A. Applicant Information</b>			
Organization Name			
Contact Person		Title	
Address			
Phone		Cell	
Email			
EIN Number			
County (or Counties) of Project	Cambria	Somerset	
IF APPLICABLE: Pre-Application Meeting Date			

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

<b>MANAGEMENT</b>	
_____ <b>President, Chairman or Board Member</b> Typed Name and Title	_____ <b>Project Manager</b> Typed Name and Title

\_\_\_\_\_  
**Signature and Date**

\_\_\_\_\_  
**Signature and Date**



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**A. Brief Description of Organization's History:**



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***B. Project Description***

**1. Project Title:**

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



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**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. Please include anticipated numbers of participants.



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



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### ***C. Project Evaluation***

1. List the measurable and immeasurable objectives that you expect to accomplish. Explain how you will know if you accomplished the intended objectives.



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



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<b><i>E. Project Expenses</i></b>	
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):	\$





## 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 with the submission process please call Rebecca Catelinet at the PRAA office at 724-840-5688 or email at [director@praa.net](mailto:director@praa.net). The application packet should include:

- **1 complete copy (single sided copy on white paper) of the narrative and budget pages with original signatures in blue ink on first page**
- **1 complete copy of all required support materials (single sided copy on white paper) - see list of required materials in grant guidelines**
- **PLEASE DO NOT STAPLE OR BIND ANY DOCUMENTS - USE PAPER CLIPS**

Mail the grant application to:

Pennsylvania Rural Arts Alliance  
Attn: Rebecca Catelinet  
Post Office Box 1410  
Indiana, PA 15701

## 1889 Foundation Creative Health Impact Grant

### Application Checklist

**Please review this checklist as you complete your grant application  
and prepare it for submission**

- Fill in all of the applicable blanks on Page 1, including the phone or in-person preliminary meeting (if required)
- Get 2 original signatures – a representative of the organization and the project manager
- Fill in the name of the project on page 2
- Grant narrative pages - Include all pertinent information about the project in your grant narrative – who, what, where, when, why, and other supporting details
- Income page – enter the grant request amount in the shaded box Line 1, and include all additional income if you have it
- Expenses page – list all expenses, and make sure that the total of expenses is the same figure as the Income total – **the totals at the bottom of both pages must match**
  
- Grant packet includes the following:
  - ONE COPY of the signed application – ONE SIDED and on white paper
  - REQUIRED support materials – all one sided on white paper
  - Résumé or biography (no more than one page each) of key creative and administrative personnel involved in the project
  - A copy of letter certifying 501 (c) (3) status or similar status
  - Organization’s list of Board of Directors
  - Primary applicant’s financial information – most recent yearly audited or reviewed financial statement- this is in addition to the budget pages in the grant application.

**Please do not send a bound copy of an audit report  
Do not staple anything – use paper clips**

Mail the grant packet (as listed above) to:  
Pennsylvania Rural Arts Alliance  
Post Office Box 1410  
Indiana PA 15701

Email all of the items listed above and all supplemental support materials  
to: director @praa.net

You can put everything in one pdf document or send it as a number of  
separate attachments

Please contact the PRAA office if you have questions about submission of the grant  
application. Email: Director@praa.net, Office Phone: 724-840-5688 or 814-255-2033