Community Partnership Application

Organization …… Project or Program Title ……

Address …… City …… State ……. Zip Code ……

Federal Tax ID # …… Project or Program Budget …… Amount requested ……

CEO/Executive Director …… Title ……

Phone number …… Email ……

Signature of CEO/Executive Director …… Date ……

Application Contact …… Title ……

Phone number …… Email ……

1. Describe your project or program *and* your organization, and how they align with the Mission of Providence. Describe what you will use the requested funding for. (maximum 250 words)

2. Providence is partnering with organizations to directly impact needs identified in Community Health Needs Assessments. How will your project or program address one or more of your community's identified health needs? (maximum 150 words)

3. What are your expected outcomes? How will you know that you have been successful? (maximum 150 words)

4. Who will you partner with to achieve your expected outcomes, and how? (maximum 150 words)

5. How will you sustain this project or program? (maximum 100 words)

6. What is your timeline for usage of these funds? (maximum 100 words)

7. Within 90 days of this timeline of usage of these funds, will you be able to provide a report that both shares the outcomes in accordance with your proposal (questions 1-4) and a few stories that highlight the impact of your work? (Yes or no answer only; funds are not at risk of being returned to Providence based upon your response.)

If you have any questions or need additional information surrounding this application, call (907) 212-8387.

Email completed application to:
foundation@providence.org