Teaming Up for Health Outcomes
HEAL Mini-Grant Application

Applicants may be any of the following. If an applicant is not any of the following, they must partner with a fiscal agent who is:

- Nonprofit organization with 501(c)(3) status
- School
- Local government
- Faith-based organization

Questions with an asterisk (*) are required.

1. *Grantee Contact Person
   - First Name
   - Last Name
   - Phone Number
   - Email Address

2. *Organization Contact Information (if different from above)
   - Name
   - Mailing Address
   - Website URL
   - Social Media Handles
     - Facebook
     - Twitter
     - Instagram
     - TikTok

3. Is this organization/coalition/applicant led by a person of color?
   - Yes
   - No

4. *Which type of organization are you applying on behalf of?
   - 501(c)(3)
   - Non-Profit
   - Fiscal Agent
   - School
   - Local government
   - Faith-based organization

5. *Project Title

6. *Please provide a description of your project. Please be specific about the project itself, not your organization. (300 words)

7. *What is/are the zip code(s) of the community served through this project?

8. *What are the key activities planned for implementing the project? (Please list up to 5 bullets.)

9. *If there is any background information about this project that you would like to share, please do so here. (500 words)

10. *Has the population that this project will serve had the opportunity to give their feedback? Please Explain. (200 words)

11. *What type of project is this? (Check all that apply.)
   o Policy Change
   o Systems Change
   o Environmental Change
   o Not Sure

12. *Where did you hear about this mini-grant?

13. *Document Uploads
   o Budget Form (Project budgets should not exceed $5000.)
   o Other Supporting Documents