

Healthy Eating and Active Living Mini-Grant Application

Questions with an asterisk (*) are required.

Name of person completing the application.*

Grantee Point of Contact

First Name* _____ Last Name* _____

Phone Number* _____ Email Address* _____

Yes! I want to subscribe to the Whole Community e-newsletter.

Applying Organization Information

Which type of organization are you applying on behalf of?*

- Community Coalition
- Faith-based Organization
- Fiscal Agent
- Local Government
- Nonprofit Organization with 501(c)(3) status
- School

If you selected *Nonprofit Organization*, are there more or less than 50 hired staff members?*

- More than 50
- Less than 50

Has your organization received funding from Wholespire within the past five years?*

- Yes
- No
- Unsure

If yes, are the previously funded projects still active?*

- Yes
- No



Are you the point of contact for the organization?*

- Yes
- No

Organization Contact Information*

If different from the Grant Point of Contact, please enter the first and last name of the organization's point of contact. If the same as Grant Point of Contact, enter NA.

First Name* _____ Last Name* _____

Phone Number* _____ Email Address* _____

Organization Name* _____

Organization City* _____

Organization State* _____

Organization Zip Code* _____

Organization Digital Platforms*

If your organization does not have any one of the following digital platforms, please enter NA.

Website* _____

Facebook* _____ X (Twitter)* _____

Instagram* _____ LinkedIn* _____

Is this organization led by any of the following?

- Person of color
- Veteran/Active Military
- Person with a disability

Project Information

Project Title* _____

What is the total grant amount you are requesting?* _____

Please note that applications requesting more than \$6,000 will not be considered for funding.

Project Description*

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



What is the zip code(s) of the community served through this project?* *If your project will impact more than one zip code, please select the two with the highest need.*

Will this project aid rural, urban, or a mix of communities?*

- Rural
- Urban
- Mix

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

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

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

Where did you hear about this mini-grant?*

Required Documents

Project Budget Form. *Project budgets that exceed \$6,000 will not be considered for funding.*

