

**INTERNAL GRANT APPLICATION 2020-2021**

**PLEASE READ THE GRANT GUIDELINES BEFORE COMPLETING THIS APPLICATION FORM**

**The deadlines for grant applications for fiscal year 2020-2021 are as follows:**

1. **October 15 for the November 2020 grants committee meeting**
2. **April 15 for the May 2021 grants committee meeting**

**Please submit your application electronically, in PDF format, to** **overlookgrants@atlantichealth.org**

**Please limit the PDF file size to 3MB.**

**Organization**

Legal name

Address

City       State NJ Zip       Federal Tax ID#

Website URL

Organization Mission Statement

Program Name

Category

Existing Program [ ]  Equipment [ ]  New Initiative [ ]  Other [ ]  Please Specify

In 50 words or less, summarize the program for which you are seeking support.

Amount of the grant you are seeking: $       **(Maximum Grant Funded $10,000)**

Provide a more detailed description of the program you are requesting Overlook Foundation to support.

Please include information on

* The program and how it will operate
* The projected outcome or results of the program and how the outcome will be evaluated
* The benefit of your program to the Overlook community service area.

**Population served**

Total number of people expected to be served by the program.

Estimated geographical breakdown of residents by their town of residence in Overlook’s Primary Service Area.

1. Berkeley Heights
2. Chatham
3. Cranford
4. Millburn/Short Hills
5. Mountainside
6. New Providence
7. Scotch Plains/Fanwood
8. Springfield
9. Summit
10. Union/Vauxhall
11. Westfield
12. Other bordering towns that demonstrate a benefit to the Overlook community.

**Person responsible for program oversight and evaluation**

Name       Title      Date

Address (if different from the organization)

Phone       Email

**Person submitting this application**

Name       Title       Date

Address (if different from the organization)

Phone       Email

**In submitting this application, I certify that the information I have provided is accurate and complete to the best of my knowledge and that I have full authorization to submit this application of behalf of the organization.**

**Budget and other information.**

**Please use the this form to present a detailed budget.**

What is the proposed time frame for this program?

Describe your plan for the program to be self-sustaining in the future.

PROJECT BUDGET

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| --- | --- | --- | --- |
| **PROJECT EXPENSES** | **Overlook Foundation****(as requested in this application)** | **FROM OTHER SOURCES** | **TOTAL** |
| Personnel/staffing(Please specify) |       |       |       |
| Contracted services(Please specify) |       |       |       |
| Consumable supplies(Please specify) |       |       |       |
| Durable supplies & equipment(Please specify) |       |       |       |
| Support/training(Please specify) |       |       |       |
| Other costs(Please specify) |       |       |       |
| **TOTAL DIRECT COSTS** |       |       |       |
| Any overhead or indirect costs attributed to this project (Please specify) |       |       |       |
| **TOTAL EXPENSES** |       |       |       |

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| --- |
| **Please show source(s) and amount(s) already approved listed in the From Other Sources column above** |
| **Source of approved funding** | **Amount** |
|       |       |
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