**2025 Community Grant Application**

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

**The deadline for the 2025 community grant application is April 12, 2025,** for the May 2025 meeting (decisions communicated in June).

**Please submit your application electronically, as a single PDF file, 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: $      **($10,000 maximum grant request)**

Provide a **one-page description** of the program you are requesting Overlook Foundation to support. Please include the following information on your program:

* What are the needs that your program will address?
* What are the key goals and objectives of your program?
* What are the benefits to those who have enrolled in your program?
* What are the projected outcomes or results of your program and how will these outcomes be evaluated?
* What are the total number of people expected to be served by your program?

The primary service area for Overlook Medical Center includes:

1. Union County (all municipalities)
2. Essex County (Maplewood; Millburn/Short Hills; Newark; Irvington; West Orange)
3. Somerset County (Warren; Watchung; Basking Ridge)
4. Middlesex County (Dunellen; Piscataway)
5. Hudson County (Bayonne)
6. Morris County (Chatham; Morristown)
7. Other bordering towns on a case-by-case basis

Please describe how the program/project will impact the primary service area for Overlook Medical Center.

**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:

* [ ]  **Overlook is a member of the Atlantic Health System (AHS), an integrated health care network committed to the highest standards of diversity and inclusion. Our diversity and inclusion statement may be found on the** [**AHS website**](https://www.atlantichealth.org/about-us/who-we-are/diversity-inclusion.html)**. In submitting this application, I certify that that my organization is committed to diversity and inclusion, and shares in the values established by AHS.**
* [ ]  **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 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

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |       |       |       |

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

\*\* PLEASE BE SURE THAT YOUR **SINGLE PDF** COMMUNITY GRANT APPLICATION INCLUDES THE FOLLOWING DOCUMENTS: \*\*

* Current operating budget
* 501(c)(3) certification (IRS determination letter)
* Most recent IRS Form 990 **or** most recent financial statement (audited, if available)
* List of current officers and board members/trustees, along with their affiliations