2026 Healthy Communities Initiative (Simplified Form)

Pallottine Foundation of Huntington

ELIGIBILITY CRITERIA

Application Requirements*

This application is for requests up to $7,500. If the organization's request is above this amount, complete the ***2026 Healthy Communities Initiative: Standard Form*** application**.** Only one application per organizations is permitted; organizations should choose only one form to complete.

I have read and understand the application requirements.

Choices

Yes

No

Eligibility Requirements*

The applying organization must:

- Be a nonprofit, tax-exempt organization under section 501(c)(3) of the Internal Revenue Code.
- Administer programs providing health-related services.
- Operate programs that are compatible with the Mission, Vision, and Values of the Foundation.
- Be applying for a project that addresses Capacity Building or Health and Wellness.
- Be applying for a project that can be completed within the one-year period of June 1, 2026 to May 31, 2027.
- Be applying for a project that supports clients in at least one county of the twenty-county Tri-State region served by the Foundation.
    - **Kentucky** - Boyd, Carter, Floyd, Greenup, Johnson, Lawrence, Martin, and Pike
    - **Ohio** - Gallia, Lawrence, and Scioto
    - **West Virginia** - Boone, Cabell, Kanawha, Lincoln, Logan, Mason, Mingo, western Putnam, and Wayne

I have read and understand the eligibility requirements.

Choices

Yes

No

Grants Not Funded*

Generally, the Foundation typically does not fund grants for:

- Academic Scholarships
- Capital Items over $2,500
- Endowments
- General Operating Costs
- Indirect Costs
- Individuals
- Playground Equipment and Vehicles
- Projects Outside the Twenty-County Region
- Projects Over One Year in Duration
- Retroactive Funding
- Sabbaticals

The Foundation may consider or exclude additional types of expenses on a case-by-case basis.

I have read and understand the funding parameters.

Choices

Yes
No

INFORMATION AND INSTRUCTIONS

Applicants may contact a Foundation program officer to discuss project-related questions or ideas: **Jana Stoner** or **Claire Snyder**. For technical questions related to the grant management system, email **grants@pallottinehuntington.org**.

INSTRUCTIONS

Read the application in its entirety before answering any questions.
If you are requesting funding for multiple projects, be sure your answers address each project, as needed.
There are character limits on many of the application questions, which are noted at the bottom of the question. Answer the questions as concisely as possible. Some questions require document uploads. If your file size exceeds the limits, you may email them to **Jana Stoner** or **Claire Snyder** to upload to your application.
Required items are marked with an asterisk (*).
Save your work often. The Save button is at the bottom of the application form.

COLLABORATOR FEATURE

The Collaborator feature allows applicants to work together on a single application.
Once you have started a request, you will see the Collaborate button at the top of the page.
This feature can be used to invite other people to work on this application.

Click here to view a 2-minute video or written tutorial on the Collaborator feature.

For questions on the Collaborator feature, email **grants@pallottinehuntington.org**.

ORGANIZATIONAL OVERVIEW

Organization Summary*

Provide a brief description of the organization, its mission and values, and its current programs.

Character Limit: 3000

Organization Board of Directors*

Upload or list all board members and the organizations they represent. Ensure that this list is **dated** and reflects the organization's **current fiscal year**.

Also, include a narrative on the board's operations that answers the following questions:

1. How frequently are board meetings held?
2. How frequently do board members receive financial statements?

Note: Only one file may be uploaded.

Character Limit: 5000 | File Size Limit: 1 MB

Principal Location of Organization*

In what **city and county** is the organization based? The organization does not need to be *based* in the Foundation's region, but services must be *delivered* in the Foundation's region.

Character Limit: 250

Kentucky Counties Organization Serves

Select the Kentucky counties in which the **organization** provides services:

Choices

Boyd
Carter
Floyd
Greenup
Johnson

Lawrence
Martin
Pike

Ohio Counties Organization Serves

Select the Ohio counties in which the **organization** provides services:

Choices

Gallia
Lawrence
Scioto

West Virginia Counties Organization Serves

Select the West Virginia counties in which the **organization** provides services:

Choices

Boone
Cabell
Kanawha
Lincoln
Logan
Mason
Mingo
Wayne
Western Putnam

REQUEST OVERVIEW

Project Name*

Provide the name of the project for which the organization is requesting funding.

Character Limit: 100

Total Funding Requested from the Foundation*

What is the total amount of funding requested from the Foundation? **The organization may request up to $7,500.**

Character Limit: 20

Total Project Cost*

What is the **total cost** of the project? Be sure the total includes all costs that are already, or expected to be, **funded by any source**.

Character Limit: 20

Start Date of Project*

When will this project begin? Note the project cannot begin before June 1, 2026 and the Foundation's funding award cannot be applied retroactively.

Character Limit: 10

End Date of Project*

When will this project be completed? Note that the project must be completed by May 31, 2027 and the Foundation's funding award must be fully expended by that date.

Character Limit: 10

Kentucky Counties Served by Project

Select the Kentucky counties the project will serve.

Choices

Boyd
Carter
Floyd
Greenup
Johnson
Lawrence
Martin
Pike

Ohio Counties Served by Project

Select the Ohio counties the project will serve.

Choices

Gallia
Lawrence
Scioto

West Virginia Counties Served by Project

Select the West Virginia counties the project will serve.

Choices

Boone
Cabell
Kanawha
Lincoln
Logan
Mason
Mingo
Wayne
Western Putnam

PROJECT INFORMATION

Project Need*

Who will the project serve? What needs will the project address?

Character Limit: 2000 | File Size Limit: 1 MB

Project Description*

Describe the project for which funding is requested.

Character Limit: 6000

Timeline/Work Plan*

What steps will be taken to implement the project? Provide an estimated timeline of key project activities organized by months or calendar quarters.

Character Limit: 2500

Roles/Responsibilities*

Who are the key team members and/or collaborative partners who will contribute to this project?

Character Limit: 5000

Additional Information

If you have any other project-related information or questions for our Foundation team, share that here.

Note: Only one file may be uploaded.

Character Limit: 2000 | File Size Limit: 1 MB

FINANCIAL INFORMATION

Contact Jana Stoner or Claire Snyder with any questions related to your project budget. Contact Tracy Teams, Director of Finance and Operations, with any questions related to organizational finances.

Project Budget*

Provide a project budget for this request that includes expense information in general categories. You may upload a document or use the text box below.

Ensure that the expenses listed in the project budget equal the total amount of funding requested from the Foundation.

The Foundation does not require applicants to use a specific project budget form. As a resource for applicants, the Foundation has created a sample project budget and a project budget template. Applicants are welcome to use either document if it is helpful; however, they are also welcome to design their project budget in whatever format they prefer.

Note: Only one file may be uploaded.

Character Limit: 5000 | File Size Limit: 3 MB

Additional Project Support

Are there other sources of financial support or donated resources for the project?

Character Limit: 1000

The following questions are intended to help our Foundation better understand the financial capacity of our nonprofit applicants and grant partners. Your responses are appreciated and do not impact your organization's eligibility for grant funding under this initiative.

Organization Fiscal Year*

What is the start date of the organization's fiscal year?

Character Limit: 10

Accounting Software*

Does your organization use financial accounting software such as QuickBooks?

Choices

Yes
No

Financial Documents*

Does your organization maintain any of the following documents? Check all that apply.

Choices

Organizational Annual Budget
Income Statement/Statement of Activities
Balance Sheet/Statement of Financial Position

Tax Filing*

For the most recently completed fiscal year, has your organization filed any federal tax returns?

Choices

The organization filed a Form 990.
The organization filed a Form 990-N (e-Postcard).
The organization is too new to have a filing requirement for the most recent fiscal year.
The organization is exempted from annual filing requirements.
I am uncertain about whether the organization filed a federal tax return.

Grants Received

Has the organization received any grant awards in the last two years? If so, list the funder name and amount of the grant funding for each award received.

Character Limit: 1000

APPLICATION AGREEMENT AND ELECTRONIC SIGNATURE

How did you learn about this grant opportunity?*

Choices

Email
Event or training
Foundation's website
Grant search engine
Organization is a previous grantee
Program officer
Social media
Word of mouth
Other

If you answered "Other" above, where did you learn of this grant opportunity?

Character Limit: 250

Completion Time and Ease of Application*

The Foundation's goal is to make the application process as easy as possible for the grant applicants while ensuring that the Foundation captures the information necessary to make a well-informed funding decision. We welcome your input to help the Foundation improve future grant cycles by answering the questions below.

- Approximately how long did it take to complete this application?
- Did you encounter any difficulties completing the application?
- What suggestions do you have for improvement?

Character Limit: 1000

Application Agreement*

By entering your signature and information below and clicking "I Agree," you certify that the statements included in this application are true and correct to the best of your knowledge and belief.

Choices

I Agree

Electronic Signature*

Enter your first name, last name, and title.

Character Limit: 250

Submission Date*

Enter the date the Application is submitted.

Character Limit: 10

NEXT STEPS

Once the application is submitted, changes cannot be made. Review all responses carefully before submitting.

The Foundation will send an automated email confirming the Application was successfully submitted. To ensure you receive this email and other important notifications, add **administrator@grantinterface.com** to your contacts or safe senders list.

Contact **grants@pallottinehuntington.org** with technical questions related to the grant management system.

Applications will be reviewed in the months immediately following submission. A Foundation Program Officer may follow up with you to request additional information or schedule a site visit. Applicants will be notified of the Foundation's funding decisions by May 22, 2026.