



**EVE'S FUND**  
Promoting Native  
Hope & Wellness

## **Eve's Fund for Native American Health Initiatives Community Initiatives Program**

### **Funding Application for 2016 - 2017**

**Please submit all applications at least 60 days  
before your event or program start date.**

**Send completed applications via email to:**

Barbara Crowell Roy, RN, MBA  
President, Eve's Fund

**[barbaracrowellroy@evcrowellsfund.org](mailto:barbaracrowellroy@evcrowellsfund.org)**

800-646-2952

**SECTION I: ORGANIZATION INFORMATION**

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**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
City State Zip

**Tax ID Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Name Title

\_\_\_\_\_  
Phone Email Address

**Brief Description of Organization and Its Mission:**  
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## SECTION II: Project Narrative

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Include a typed document (no more than 3 pages, double-spaced) that provides the following information about the proposed project:

### A. Description of Existing Program

What is the name of the existing program? Provide a brief overview of the program, including when it was started, program objectives, primary audience, and how many people impacted. Include a brief description of how the program works and how the program ties in with the mission and goals of Eve's Fund and our work with Native American youth.

### B. Proposed Project Description

If you receive funding from Eve's Fund, how will it impact your program? Be specific in describing what will be accomplished with the funds. What is the timeline for the project?

### C. Program Evaluation

Please provide a brief description of how you will evaluate the success of the proposed project.

## SECTION III: Proposed Project Budget

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What is the total amount of grant funds requested? (*\$3,000 maximum*) \$ \_\_\_\_\_

Will any other sources of funds be used to support this project?     Yes             No

If YES, please provide the source and amount  
(matching funds not required)

\_\_\_\_\_

\_\_\_\_\_

Provide a project budget that includes the information requested in the categories listed below, as well as the total funds requested for each category:

- Personnel:**        Include name of individual(s) and the project activities they will perform
- Contractors:**    Include names of proposed contractors, their activities, and hourly/daily rate
- Equipment:**      List any proposed equipment to be purchased for the project
- Travel:**            Include mileage, per diem, and hotel charges, if applicable
- Miscellaneous:** List other expenses such as postage, printing, etc.

## **SECTION IV: Post-Award Requirements**

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As a condition of receiving any grant funds, grantees must agree to provide the following items to Eve's Fund within 30 days of the program's completion:

**At least 5-10 good quality digital photos that Eve's Fund can use on its website, in e-newsletters, and/or in any printed materials, along with signed media releases from all subjects (or a signed release from parent/guardian if the subject is a minor under 18 years old).**

**Written testimonials from at least two program participants, along with permission for Eve's Fund to use the testimonials in printed and electronic materials.**

**A final report that includes the following information:**

- A brief description of the program/event
- A discussion of whether all program goals were met
- A budget/expense summary, including copies of invoices for any program areas that used grant funds from Eve's Fund

## **SECTION V: Attachments**

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The following is required:

- State issued certificate of Tax-Exempt Status

The following are optional:

- Letters of Support
- Other documents related to the proposed project(s), such as brochures, newsletters or articles