

# 2019 KCCF Online Grant Application

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*Knapp Community Care Foundation*

## *Project Details*

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**Does the project address, impact or relate to Diabetes and/or Obesity?\***

**Choices**

Yes

No

**Project Name\***

Name of Project

*Character Limit: 100*

**Purpose of Grant\***

Summary and overarching purpose of the project.

*Character Limit: 5000*

**Outcomes/Goal(s)\***

Briefly describe the outcomes/ goals of your project.

*Character Limit: 5000*

**Total Grant Amount Requested\***

*Character Limit: 20*

**Cost-sharing/Matching funds**

Cost-sharing or matching funds are not required to apply for funding, but are strongly encouraged. Examples of funding sources you may include: State or local government funds, funds from Community Based Organizations (CBOs), faith-based organizations, etc. If cost-sharing or matching funds will be used to accomplish this project, include the name of the source/partner providing the funds, amount of funding (or value of contribution) that will be contributed to the project and identify what the funds will be used for (meeting space, equipment, etc.). **PLEASE NOTE:** If you are awarded a grant from KCCF, you will be required to submit Letters of Support from cost-sharing or matching fund partners.

*Character Limit: 8000*

**Project Duration\***

Start and end date of the project. Be sure to include any "start-up" time required.

*Character Limit: 200*

**Areas of Interest\***

Select all that apply.

**Choices**

Behavioral Health  
 Direct Healthcare Services  
 Health Related Education  
 Nutrition  
 Prevention/Wellness

**Service Area\***

Please select all that apply.

**Choices**

Delta area includes: San Carlos, La Blanca, Monte Alto, Edcouch, Elsa and La Villa  
 Donna area  
 Hargill area  
 La Feria area  
 La Sara area  
 Lyford area  
 Mercedes area  
 Progreso area  
 Santa Rosa area  
 Sebastian area  
 Weslaco area

**Population receiving services\***

Select all that apply.

**Choices**

Infants  
 Children/Youth  
 Women  
 Men  
 Elderly

**Number of People Served\***

How many people will be directly impacted by this project?

*Character Limit: 20*

**Does your project utilize evidence or research-based practices?\*****Choices**

Yes  
 No

**If yes,**

Briefly describe or source the research evidenced approach you are utilizing for this project.

*Character Limit: 4000*

## Organization and Partners

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### Qualifications\*

Briefly describe the qualifications of your organization to implement this project.

*Character Limit: 4000*

### Project Team/Collaboration\*

Please provide the names and contact information for your project partners (**other than those listed under Cost-Sharing or Leverage, above**). Identify the role each will play.

*Character Limit: 1500*

## Electronic Signature

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### Agreement\*

By typing your name below you hereby give permission to submit the following information to Knapp Community Care Foundation and acknowledge that the information provided is true and accurate to the best of your knowledge.

### Choices

I Agree

### Name\*

*Character Limit: 250*

### Title\*

*Character Limit: 250*

### Date\*

*Character Limit: 10*