

CHF Responsive Grant Over \$5,000: 2026 - 2027

PROGRAM DEADLINE: February 13, 2026 at 05:00 PM

Grant Request Summary

Section 1 - Grant Summary

Organization Name *

Is your organization a first-time grant applicant? *

- ☐ No
☐ Yes

Project/Program Name *

Grant priority area(s). You may choose multiple areas, but please choose those that are the main areas of impact for your program or project. These categories are taken from Clark and Champaign County Community Health Improvement Plans (CHIP). *

- ☐ Chronic Disease Prevention and Management
☐ Maternal/Infant Health
☐ Sexual Health
☐ Mental Health and/or Substance Abuse Prevention or Recovery
☐ Safe Housing and Neighborhoods
☐ Trauma Care or Trauma Prevention
☐ Socioeconomic Stability
☐ Access to Care
☐ Transportation
☐ Healthy Eating or Active Living (HEAL)
☐ Other

See Grant Guidelines for descriptions of focus areas.

Amount of grant request *

\$

(5000 to 20000)

Total annual project/program budget *

\$

(0 to 5000000000)

Percent of request to total program budget *

%

Community Health Foundation does not wish to be the only funder for a project or program. List your other secured and pending funding sources in the Financial section of this application.

(0 to 100)

Total organizational budget for organization's current fiscal year *

\$

Name of CEO/Executive Director *

Organization Website *

Summary of grant request: Clearly and briefly summarize the need your program addresses, what it does, who it helps, and what requested funds will support. *

Max Number of Words: 250

General Organization Information

Section 1 - Contact Information

Contact person for this proposal: *

Contact job title *

Contact Email *

Phone number of contact person *

Organization Mailing Address *

Organization Mailing Address Line 2

Organization City *

Organization Zip Code *

Organization State *

Organization's phone number *

Section 2 - Organization Status

Your tax exempt ID number (EIN) *

If this is your organization's first grant application to Community Health Foundation, attach your IRS letter of determination of 501(c)(3) or other documentation of your nonprofit status.

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

If this is your organization's first grant application to Community Health Foundation, attach your most recently completed 990 or year-end Profit & Loss Statement.

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

For 501(c)3 nonprofits, please ensure that your organization's status is up-to-date with all required filings for:

Ohio Attorney General Charitable Registration (annual filing)

Ohio Secretary of State Business Registration and Continued Existence (renewed every 5 years)

IRS annual 990, 990-EZ, or 990-N as determined by law

Organizational Structure

Section 1 - Organization's Purpose

What is your organization's mission statement? *

Max Number of Words: 75

What are your organization's main programs, projects or activities? *

Max Number of Words: 100

Section 2 - Organization's Leadership and Support

List your current Board Members or attach a file. Include board members' names, professional affiliations, county of residence, and board offices held.

If you prefer to attach your current board roster as a file, upload it here. Remember to include board members' names, professional affiliations, county of residence and board offices held.

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

How many times per year does your Board meet? *

Describe 1-3 examples of how your organization is currently working to address community health gaps and disparities.

Examples could include aligning board and staff makeup to reflect the community experiencing gaps and disparities; working to provide all community members with opportunities to be healthy; inviting the community to help influence and design your program; and more.

*

List your organization's top three funding sources with percentage of your organizational budget.

Funding Source 1 *

Funding Source 1: Percent of Organizational Budget *

%

Please enter the percentage of Funding Source 1 relative to your total organizational budget.
(0 to 100)

Funding Source 2 *

Funding Source 2: Percent of Organizational Budget *

%

Please enter the percentage of Funding Source 2 relative to your total organizational budget.
(0 to 100)

Funding source 3 *

Funding Source 3: Percent of Organizational Budget *

%

Please enter the percentage of Funding Source 3 relative to your total organizational budget.
(0 to 100)

Program/Project/Activity Information

Section 1 - Proposed Activity

What type of request is this? (Choose only one.) *

- ☐ Program (ongoing)
- ☐ Project (short-term)
- ☐ Operating Support
- ☐ Capital
- ☐ Other

See the Grant Guidelines for definition of types of requests.

Briefly and clearly describe the program, project, or operational activities this grant would fund. *

Max Number of Words: 250

Describe the population you will serve with this activity. Include any available details or data like age range, geographic area, school buildings/districts, or other demographics. *

Max Number of Words: 100

Why is the proposed activity effective to address the need for the population you serve? *

Max Number of Words: 200

You may attach references related to the prior question here.

Select File

Choose File

 No file selected
Maximum File Size: 5MB
No file attached

Describe a specific timetable for the activities of this grant within the one-year grant period. *

Max Number of Words: 100

How will this program partner or collaborate with other community organizations? *

Max Number of Words: 150

Which county or counties does this program primarily serve? *

- ☐ Champaign County
- ☐ Clark County
- ☐ Other

Section 2 - Goals and Results

Think about the ultimate outcome of the project/program described in this application.

How will your proposed activity help people in our community achieve better health outcomes? *

What objectives will you measure to demonstrate that the program has been successful? Measured results typically include a numerical value, such as % of positive survey results indicating the program goal was achieved, # of clients beginning a healthy behavior, pre- to post-test knowledge increases, etc.

Desired objective(s) and results: *

In one year's time, what measurable change will you see?

Activities to support each objective *

What specific activities will lead to the outcome?

Max Number of Words: 50

Measurement Tool *

How will you evaluate your progress toward the outcome?

How many Clark or Champaign County residents do you estimate you will serve in the one-year grant period? *

How will you count those individuals? (For example: Number attending health fair, Number participating in weekly program, Number of individuals receiving food) *

Financial

Section 1 - Funding Plans

Community Health Foundation prefers not to be the only funding source for a project/program. List other funders who will be or have been approached to support this activity.

Names and amounts of other secured funding sources for this program:

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Names and amounts of pending funding sources:

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What in-kind support will your organization provide for this project/program, besides expenses itemized in program budget? (Choose all that apply)

- ☐ Additional funds
- ☐ Mileage/travel reimbursement
- ☐ Office space
- ☐ Staff support
- ☐ Training/professional development
- ☐ Utilities/phone/computer
- ☐ Other

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What is an approximate value of the organization's in-kind support for this project/program?

\$

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Has this program/project been affected by state or federal budget cuts for 2026-27? If so, please briefly describe amount of cuts and impact on programming.

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Section 2 - Program Budget

You are welcome to submit a program budget in your own format, or use the CHF budget form if it is helpful. Please submit a budget for only the program you are requesting funds for, not an organizational budget.

Click here for the CHF budget form: [Download here](#)

Attach the completed program budget: *

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

Use this space for any additional explanation of budget items or funding plans that you would like to provide.

Certification

By submitting this application, I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. *

☐

Yes, I certify that all information is true and accurate.