GRANITE STATE HEALTH & FITNESS FOUNDATION

Community Funding Application

GSHFF Mission Statement

The GSHFF is a not-for-profit organization striving to promote and support health, fitness and wellness lifestyle experiences and opportunities. We are inclusive of all members of our community. Utilizing a variety of alliance partners and resources, we will support events, organizations and programs in our mutual mission to improve lives by fostering and engaging a diverse group of key health and wellness constituents.

Eligibility Requirements

- Applicants must be a nonprofit organization operating in the state of New Hampshire
- Must be established for at least 3 years
- Must align with the GSHFF's mission

Application Submission

- All applications must be submitted via physical mail (PO Box 933, Manchester, NH 03105) by January 31 annually
- Late or incomplete applications will not be considered for current funding but can be resubmitted and considered for the following year.

Required documents

- Completed application form
- Proof of eligibility (e.g. nonprofit status, registration certificate)

Funding Scope

- Grant amounts range from $250 - $2,500
- Funds used must be aligned with our Mission Statement

Review & Selection Process

- Applications will be reviewed by the GSHFF board
- Evaluation criteria
    - Potential community impact
    - Feasibility of the project
    - Decisions will be made and communicated by March 31st

Reporting Requirements

- Grant recipients must submit a final report with project outcomes by December 31st

Contact Information

For questions, contact: info@gshff.org

Community Funding Application

Applicant Information

- Organization Name:
- Contact Person & Title:
- Address:
- Phone: Email:
- Website (if applicable):

Organization Overview

- Mission Statement:
- Year established:
- Type of Organization (Nonprofit, For-profit, Individual, Other):

Project Details

- Project Title:
- Project Summary (overview of the project and its goals):

- Population & Geographic area(s) to be served by project:
- Start Date: End Date:
- Location of Project:

Funding Request

- Total Project Budget:
- Amount Requested:
- Other funding sources (if any):

How is your organization prepared to promote the GSHFF? (please describe)

Certification

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Signature: Date:
