



## Grant Application Form

**Our Mission:** *We collaborate to increase the health and well-being of our community by improving policies and systems, enhancing the physical environment, and building an inclusive culture where every resident feels heard and connected.*

**Date:** \_\_\_\_\_

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

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

**Phone Number:** \_\_\_\_\_

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

**E-mail Address:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Project or Initiative:** \_\_\_\_\_

**Project Timeline:** \_\_\_\_\_

**Note:** As part of the grant process, we require grantees to provide a general narrative of your program or initiative's success within 60 days of project completion. Please include participation numbers, testimonials, quotes, and photos. We may incorporate these into success stories on our web site and in other communications to promote Live Healthy Red Wing and the work you do. **Grants are available for up to \$1,200.**

**Please complete this application form and submit to:**

Live Healthy Red Wing  
Ignite Building  
419 Bush Street  
Red Wing, MN 55066



# Grant Application Form

Please limit your responses to 250 words or less.

**1. What is your organization’s mission and how does this align with the mission of Live Healthy Red Wing as written on page 1?** \_\_\_\_\_

---

---

---

---

---

---

---

---

**2. Describe the objectives of your project and how the project will help your organization meet its mission.**

---

---

---

---

---

---

---

---

**3. What does your project or initiative have the ability to impact (i.e. number of individuals, specific geographic area, neighborhood or demographic)?**

---

---

---

---

---

---

---

---

**4. What evaluation measures do you have in place, or intend to have in place, to measure the effectiveness of your project or initiative?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. If known, what is the date or timeframe of your project or initiative?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Other comments or information you would like to share:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have questions, please contact Michelle Leise, coordinator, at [mjleise@gmail.com](mailto:mjleise@gmail.com) or 651-301-0996. Please allow a minimum of 4-5 weeks for grant applications to be reviewed and processed.

Thank you for submitting a request for grant funding.

Live Healthy Red Wing