



Adventist WholeHealth Network Grant Application

Due by March 30, 2019

Send application to: rchristman@awhn.org

Church/Organization Name: _____

Address: _____

Name of Contact Person: _____

Phone #: _____ Email: _____

The Community Survey

1. Have you assessed your local community: __ Yes or __ No
2. When was your last community health needs assessment conducted?

3. Please describe the method used to conduct your assessment? (i.e. door-to-door survey, hospital based community needs assessment review, health fair participant surveys, etc.)

Based on your most recent local community assessment or survey:

4. Describe your local community, demographics and the top three health interests:

The community is multicultural, lower middle class to lower class, top three health interests are obesity, drug use, cancer, then heart disease, high blood pressure, and arthritis

5. Which of the health interests does your church plan to address using these grant funds? Health-Wellness, training in nutrition, cooking, hydrotherapy, the health laws and research.

The Intervention- How your church will use these funds to plan and implement a health intervention to meet the felt needs of your community.

6. In a separate document, provide a detailed outline of your church's plan to execute a community based outreach effort to meet the interests of your community based on the community health needs assessment or survey that you conducted. Be sure to include the following in your outline:
 - a. Target audience
 - b. Health intervention
 - c. Volunteers needed
 - d. Community partnerships
 - e. Date- Must be completed before the end of 2019
 - f. Location
 - g. Marketing plan
 - h. Evaluation of outreach effort

7. What is your church's prayerful outcome(s) of the community outreach?

We want to establish, in addition to this program, a monthly program specifically for the needs of young mothers, as we have a Community Service program for providing supplies for mothers with young children. We also want a monthly Health Wellness meeting for recipes, health lectures,, etc.

8. How will you connect your new friends to your local church community? (For example: small groups, evangelistic meetings, social events, bible studies, VBS, volunteer opportunities, pathfinders, etc.)

Social events, small groups, evangelistic meetings, literature distribution, health programs.

The Budget

9. How much money will your church contribute toward this health outreach (minimum required is 20%)?

10. How much grant money are you requesting? _____

11. Please attach a basic budget with income and expenses.

12. Has this plan been approved by your church board? ___ Yes or ___ No

Signature of Church Representative

Title

Date