



Southeast District Health Department

Serving: Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties

2511 Schneider Ave Auburn, Nebraska 68305

Phone: (877) 777-0424 or (402) 274-3993

Fax: (402) 274-3967 E-mail: director@sedhd.org

Website: www.sedhd.org

SOUTHEAST DISTRICT HEALTH DEPARTMENT ANNOUNCES MINI-GRANTS

The Southeast District Health Department (SEDHD) has allocated funding for fiscal year 2011-2012 to provide mini-grants to individuals or agencies for projects that will improve the health of the citizens in Johnson, Nemaha, Otoe, Pawnee, and Richardson Counties.

The Department and its board of directors recognize there are often small projects that may have a great impact on a particular target group or in a particular area. Such projects often don't reach fruition due to the lack of local funding. It is with this in mind that this program was implemented. It is our hope that by funding a few small projects, we will be able to better serve the area as well as better educate others about such needs throughout our district.

The Department has allocated \$5,000 per county twice a year. The maximum amount of any grant will be \$5,000. One half of the funds will be granted during the first grant period and the balance of funding the second. Grant applications may be obtained by contacting us or accessing the website. The enclosed application may be duplicated.

The application and accountability process has been intentionally kept simple to encourage everyone to participate. We ask that any publicity you may receive regarding this application and project include credit to the SEDHD to help us make others aware of the program.

The deadline for the first half of the year will be December 31, and for the second half June 30 and winners will be notified within 30 days of the application deadline.

Projects should be completed within one year.

If you have any questions, please contact Kay Oestmann at kay@sedhd.org or call 877-777-0424.

Southeast District Health Department Mini-Grant Guidelines

PURPOSE:

The Southeast District Health Department has allocated funding for the fiscal year 2011-2012 to provide mini-grants to individuals or agencies for projects that will improve the health of the citizens of Johnson, Nemaha Otoe, Pawnee and Richardson Counties. It is recognized that there are often 'small' projects that may have a great impact on a particular target group or in a particular area. Such projects often can't reach fruition due to the lack of local funding. It is with this in mind that this program was implemented and our hope is that such projects may 'come to light' to serve the area as well as better educate others about such needs in other areas.

The maximum amount of any grant will be \$5,000. One half of the allocated funding will be granted during the first grant period with the balance going to the second.

The application and accountability process has intentionally been kept simple to encourage everyone to participate. We ask that any publicity you may receive regarding this application and any promotions of the project include credit to the Southeast District Health Department to help us make others aware of this program.

APPLICATION:

Grant application forms (Attachment A) must be used when applying for grants. The application forms will be available at the SEDHD office located at 2511 Schneider Ave. Auburn, NE. or by calling 274-3993 or toll-free 877-777-0424 or may be down loaded on our website: www.sedhd.org. Grant applications will be accepted for review and possible approval twice each year. The deadline for the first half of the year will be December 31, and for the second half June 30. Applications will be reviewed by the SEDHD Grant Review Committee and all applicants will be notified of the status of their application within 30 days of the application deadline. Applications will be ranked in order of those that, in the opinion of the committee, will provide the greatest benefit to the community.

Grant funding may not be used for salaries or stipends for existing personnel, indirect cost and equipment purchases not directly related to the project or meals or travel not related to the project.

Projects should be completed in one year and returned to the SEDHD office in Auburn. Extensions may be granted only through written requests sent to the Department. A Project Completion Report Form (Attachment B) is required at the end of the project. Any funds not spent in the project are to be returned for use in other projects.

Send Proposals To: Southeast District Health Department
2511 Schneider Ave
Auburn, NE 68305

OR

Fax: 402-274-3967

ATTACHMENT A
APPLICATION

SOUTHEAST DISTRICT HEALTH DEPARTMENT
GRANT APPLICATION FORM
YEAR OF 2011-2012

PERMISSIBLE USE OF GRANT FUNDS: Any funds granted by the Southeast District Health Department must be used to support a purpose that centers around disease prevention, health education or charitable projects. Funds cannot be expended that will create personal gain for an individual, salaries of existing personnel, indirect cost or political advocacy.

For answers to questions about project qualification, application completion or funding in general contact Kay Oestmann at: 402-274-3993 or toll free 877-777-0424.

Name of the Project: _____

Date of Application: _____

Proposed Starting Date: _____

Amount Requested from Southeast District Health Department

Fund: _____

Total project costs: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Application submitted by: _____
Signature

Description of the project: Please be specific. You may use one additional page to describe the project if necessary.

Community Benefits: Describe the intended benefits of the proposed project to your community.

Estimated Budget Break Down:

Project Supplies: _____

Office Supplies: _____

Educational materials: _____

Transportation: _____

Other (Specify): _____

Matching Funds: _____

Source of Match: _____

ATTACHMENT B

PROJECT COMPLETION REPORT FORM

SOUTHEAST DISTRICT HEALTH DEPARTMENT
PROJECT COMPLETION REPORT FORM
YEAR 2011-2012

Title of Project

Applicant Organization: _____

Address: _____

City: _____ Zip: _____

Project Director: _____

Amount Requested: _____ Total Amount Spent: _____

Description of Project, community benefits, and accomplishments:

(Attach extra page if necessary)