YK & Northwest Arctic Fund
Bethel Community Services Foundation
Funding Application

The YK & Northwest Arctic Health Fund is an endowed area-of-interest fund established to make grants for health-related projects. Eligible projects must be located in Northwest Alaska or the YK Delta region of Southwest Alaska. The YK & Northwest Arctic Health Fund defines health broadly. **Eligible projects include activities that impact physical and/or behavioral and/or emotional health and/or overall wellness.** **Prevention projects related to those categories are also be eligible for funding.** For the history of this fund, visit bcsfoundation.org/arctic-health-fund.

ELIGIBILITY:

- Public agency or private non-profit holding a 501(c)(3) or 509(a)1 tax-exemption
- School district
- State or federally recognized tribe
- Municipality (government entities in the United States)
- Must be within the Yukon Kuskokwim Delta region or Northwest region as defined by the Manilaaq service area

PROPOSAL REQUIREMENTS:

Proposed project must…

- Aim to impact physical and/or behavioral and/or emotional health and/or overall wellness
- Promote community or population health
- Promote access to opportunities that can improve health
- Represent genuine community priorities and explain who has identified those priorities
- Create or demonstrate cross-sector collaboration to achieve the community’s vision of health

Preferences given to projects that…

- Focus on prevention related to physical and/or behavioral and/or emotional health and/or overall wellness
- Include a focus on leadership development as a strategy
- Include addressing inequities for marginalized and underserved individuals as a strategy

REPORTING

- **Within 18 months of receiving grant funding**, a report must be submitted describing the project’s progress in contributing to a broader picture of improving community health.
- Report must also acknowledge potential areas for growth and describe any cross-sector collaboration.
- Include photos with media releases with report.
  
  *A report template will be available!*

1. ORGANIZATION INFORMATION

Name:
EIN/Tax ID Number:
Tax Exempt:  □ Yes  □ No
Mailing Address:
Physical Address:
Community:
Zip Code:
Name of Person Completing Application:
Telephone:
Email:

2. ORGANIZATION DESCRIPTION (300-500 words)

(Please provide an overview of the organization, including the organization’s programs or goals that relate to this funding request)

3. PROJECT SUMMARY/USE OF FUNDS (500-750 words)

(Please provide details about how the funds requested will be used for activities that impact physical and/or behavioral and/or emotional health and/or overall wellness.)

4. Briefly describe how your organization, or the people implementing the project, are prepared or qualified to do so. (5-7 sentences)

5. VIDEO SUBMISSION (OPTIONAL, 5-7 minutes, in place of questions 2,3,4):

(You may submit a video that describes your organization and summarizes your project, use of funds and organizational qualifications.)
6. AMOUNT REQUESTED: (Maximum $15,304)

7. Will these funds be used as a match or leverage for other grant requests? If so, what are the other grant requests and how will that funding be used?

8. BUDGET

(Please provide a brief budget overview for the total project costs, including how the YK & Northwest Arctic Health Fund award will be utilized. A maximum of 10% of the award can be used for administrative costs.)

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>YK &amp; Northwest Arctic Health Fund</th>
<th>Other Funds</th>
<th>Total Budget Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. How do you define success? What are your expected outcomes of the project? (300-500 words)

10. In five or fewer sentences, please provide a summary of your proposed project.

11. OTHER COMMENTS:

12. APPLICANT DETAILS

By signing this application, the preparer agrees he or she will be responsible for the administration of funds. It is the expectation of BCSF that if funds are awarded they will be spent as described in the application. Any changes in the use of funds must receive advance approval from BCSF. A final report describing how the funds have been used must be submitted to BCSF within 18 months of receiving the award. If possible, photos should be included with the report.
Completed applications may be scanned and emailed to kate@bcsfoundation.org, faxed to 907-543-1826 or mailed to BCSF at PO Box 2189, Bethel, AK 99559. Faxed or emailed applications must be received by 5pm on Friday, July 5th. Mailed applications must be postmarked on July 5th.