



**APPLICATION TO
THE BUCHANAN COUNTY HEALTH TRUST**

Send completed form to: Buchanan County Health Trust, Inc.
1600 First Street East
Independence, Iowa 50644
Telephone: 319-334-7204

Grant applications are accepted throughout the year. The Buchanan County Health Trust Board considers grant application twice a year. *Applications must be submitted by June 15th to be reviewed in July and awarded in August and applications must be submitted by January 15th to be reviewed in February and awarded in March.*

APPLICATION REQUIREMENTS

Applications for funds from the Buchanan County Health Trust, Inc., must meet all of the following requirements:

1. Applicants must be a non-profit or charitable health or health-related organization serving a broad membership of Buchanan County residents.
2. The funds are to be used to benefit or support the health care of citizens within Buchanan County for future projects. No funds will be made available for completed projects.
3. Applicants must agree to cooperate with the Buchanan County Health Trust, Inc., in all matters dealing with any loan or grant and in the use of the loan or grant.



**BUCHANAN COUNTY HEALTH TRUST APPLICATION FORM
Organization Information**

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Contact Person: _____ Email Address: _____

Purpose of organization: _____

Project Information

1. Project title
2. Situation – Background Information and Statement of Problem:
3. Specific measurable objectives:
4. Benefits of the project to Buchanan County:
5. Number of people served:

Financial Information:

Total cost of project: _____ Amount requested from Health Trust: _____

Other funding sources (list sources and amounts)

Will this project be implemented if this funding is not received?

Does this applicant meet all the requirements as stated on the front page?