



Wellness in Neighborhoods Application

The maximum amount of funding per Ward is \$5,000!

Eligible applicants: must be legal entities such as nonprofit organizations, faith-based organizations, community development corporations or businesses. Informal groups such as neighborhood associations, block units, or clubs must be sponsored by a legal entity. The sponsoring legal entity will submit the application for funding. If selected, the sponsoring legal entity will be responsible for receiving, managing and reporting on the grant funds.

Planning Committee: If there are multiple neighborhoods in your Ward, interested in conducting events, you must coordinate to submit one application. We recommend establishing a planning committee of three or more residents across the Ward. The planning committee may propose multiple events and activities in one application as long as the combined total of all events does not exceed \$5,000.

Funding Decisions: Multiple applications from one Ward may result in all applications being returned to the project contacts with a request by MHB staff for coordination. MHB will have final approval on which events are funded. Submission of a proposal does not guarantee funding.

Deadlines:

May 1 – May 31 for events in July or later

June 1 – June 30 for events August or later

Organization Information

*Activity/Event Name:

*Organization legal name (The name that is registered with the State of Missouri):

*Does the organization conduct business using a D/B/A/ ("Doing Business As") designation?

Organization's D/B/A:

Organization's Employer Identification Number (EIN) (Please do NOT enter your Social Security number):

Organization's website:

*Business Address (Address where your organization is registered with the State of Missouri):

Suite, unit or building number (if applicable):

*City:

*State:

*Zip:

*Main Office Phone Number:

*Is your Mailing Address the same as your Business Address?

Authorized Official Event Sponsor Information

Personal Title:

Pronouns:

*Authorized Official First Name:

*Authorized Official Last Name:

*Authorized Official Job Title:

*Authorized Official Work Email:

*Select your preferred method of contact:

*Authorized Official Cell Phone Number:

*Is the Authorized Official the primary contact?

Wellness in Neighborhoods Event Activity Description

*Briefly describe the event or activity.

*Briefly describe how the proposed event or activity will contribute to neighborhood wellness?

*Who will be responsible for carrying out event/project activities?

*When will the event take place?

*Where will the event take place?

*Approximately how many people will attend?

*How will people know about the event?

*How will you track attendance (Include zip code of participants)?

What other information would you like to share about your event/activity?

Documents

*Please download the budget form and upload it back once filled out.

Please upload your IRS Determination Letter.

*Please upload the Planning Committee list.