

## Wellness/Obesity Prevention/Nutrition Education

Applications accepted for proposals to provide structured programs to identify, treat, and track the effectiveness of wellness programs, nutrition and diabetes education and obesity prevention services, particularly among disadvantaged populations. Proposals up to \$25,000 will be considered; **deadline for submission is October 15, 2021.** *Proposals must include the following:*

- scope of the program;
- number of patients it will help,
- how the continuum of care will be improved;
- how access to effective programs and assistance will be achieved in a timely manner
- how patient progress will be monitored and tracked, ie: how outcomes will be measured
- If this proposal is not funded, how will the organization address this need?

### **Eligibility:**

Applicants must be a 501©3 Rhode Island nonprofit in good financial standing; grants are awarded to organizations, not individuals. Preference given to new programs or services addressing critical gaps in unmet need as described above, or substantial increase in proven programs. Incomplete proposals will not be considered.

### **Requirements:**

In addition to the proposal description, please include a 12-month proposal budget, a current fiscal year organizational budget comparing actual revenue to expenses budgeted, a cover letter outlining **a brief executive summary of your proposal answering the 6 key points above**, your last two audits and this application cover sheet.

The 12-month proposal budget should include:

- detail of all income for the project that the organization currently has on hand as well as other anticipated funding sources; (include all other sources for which you have applied);
- break-down of all expenses including personnel and percentage of time spent on proposed program. *The Foundation discourages organizations from submitting proposals that focus directly/solely on staff hires or salary and benefit budget relief.*

Organization Name \_\_\_\_\_ Amount requested \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_ Phone \_\_\_\_\_

Contact person name & Email \_\_\_\_\_

Proposed Project Name \_\_\_\_\_

Federal ID # \_\_\_\_\_

**SEND APPLICATION and supporting documentation to Paula Iacono, Executive Director at [grants@chartercarefoundation.org](mailto:grants@chartercarefoundation.org).** No phone calls please. If you have questions, please email [piacono@chartercarefoundation.org](mailto:piacono@chartercarefoundation.org).