



Hendricks County
Health Partnership

Hendricks County Health Partnership Grant Application

First

Last

Title

Organization

EIN

Website

Email

Address

Phone

City

State

ZIP

Please describe the mission of your organization. How does your organization serve Hendricks County? How many Hendricks County residents do you serve, or would this proposed project serve? What areas of Hendricks County do you serve?

Total Project Cost

Requested Amount



Hendricks County
Health Partnership

Please describe the program for which funds are being requested. How will this program serve Hendricks County? Why should the Community Foundation fund this request?

Which strategy and/or action step of the Partnership's Behavioral Health Community Action Plan does your project serve?

Please outline your budget for this project in as much detail as possible.