

Legal Name of Applicant Organization:			
Division Applying (if different):			
Organization Status: (hit space bar to check box)	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Other Public, Non-Profit Entity	
Organization Address:			
Organization Phone:		Fax:	
Primary Contact for Organization:			
Job Title:			
Phone:		Email:	

Project Number: (assigned to full grant applications only)			
Project Title:			
Project Category: (hit space bar to check box)	<input type="checkbox"/> Foundation-initiated (ad hoc) grant		
Project Budget Request from MeHAF:	Year 1:	Year 2:	Year 3:
Total Project Budget: (total overall budget - year 1 + year 2)			
Project Director:			
Job Title:			
Phone:		Email:	

Primary Contact for Application: (if different from Project Director)			
Job Title:			
Phone:		Email:	
Additional Contact:			
Phone:		Email:	

Project Abstract: (1 paragraph of 50 words or less)	
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GRANT SUMMARY FORM – page 2

(Please fill in the cells below in 11 point type)

Applicant Organization:				
Primary Project Focus Area(s): (3 maximum)	Access to Care	<input type="checkbox"/>	Outreach	<input type="checkbox"/>
	Advocacy	<input type="checkbox"/>	Policy	<input type="checkbox"/>
	Capacity Building	<input type="checkbox"/>	Prevention	<input type="checkbox"/>
	Child and Adolescent	<input type="checkbox"/>	Primary Care	<input type="checkbox"/>
	Chronic Disease	<input type="checkbox"/>	Public Health	<input type="checkbox"/>
	Education/Training	<input type="checkbox"/>	Quality of Care	<input type="checkbox"/>
	End of Life	<input type="checkbox"/>	Rehabilitation	<input type="checkbox"/>
	Geriatrics	<input type="checkbox"/>	Reproductive Health	<input type="checkbox"/>
	Health Professions	<input type="checkbox"/>	Research/Data Analysis	<input type="checkbox"/>
	Insurance Coverage	<input type="checkbox"/>	School-based Health	<input type="checkbox"/>
	Long Term Care	<input type="checkbox"/>	Special Populations	<input type="checkbox"/>
	Mental & Behavioral Health	<input type="checkbox"/>	Technology/IT	<input type="checkbox"/>
	Oral Health	<input type="checkbox"/>	Wellness	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Women's Health	<input type="checkbox"/>

Project service area(s): (Check all that apply)	Androscoggin County	<input type="checkbox"/>	Oxford County	<input type="checkbox"/>
	Aroostook County	<input type="checkbox"/>	Penobscot County	<input type="checkbox"/>
	Cumberland County	<input type="checkbox"/>	Piscataquis County	<input type="checkbox"/>
	Franklin County	<input type="checkbox"/>	Sagadahoc County	<input type="checkbox"/>
	Hancock County	<input type="checkbox"/>	Somerset County	<input type="checkbox"/>
	Kennebec County	<input type="checkbox"/>	Waldo County	<input type="checkbox"/>
	Knox County	<input type="checkbox"/>	Washington County	<input type="checkbox"/>
	Lincoln County	<input type="checkbox"/>	York County	<input type="checkbox"/>
			Statewide	<input type="checkbox"/>

Project Key collaborators/Partners:				
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Organization's Annual Budget:	≤ \$250,000	<input type="checkbox"/>	\$2.5 million - \$5 million	<input type="checkbox"/>
	\$250,000 - \$500,000	<input type="checkbox"/>	\$5 million - \$10 million	<input type="checkbox"/>
	\$500,000 - \$1 million	<input type="checkbox"/>	> \$10 million	<input type="checkbox"/>
	\$1 million - \$2.5 million	<input type="checkbox"/>	Other	<input type="checkbox"/>