Adams County Community Foundation  
WellSpan Emergency Services Fund  
Grant Proposal Summary

Organization _______________________________ Founding Date _____
Address __________________________________________
________________________________________________________________
Contact Person ________________________________
Email ___________________________ Phone ____________
Project Name __________________________________________________________
Project Description ______________________________________________________
________________________________________________________________
Total Project Budget ____________________ Amount of this Request _____________
Submit a narrative of no more than 3 pages, typed, with these headings:
1. How does this project advance a more coordinated, regional EMS system?
2. Who are you partnering with?
3. Why is this project needed?
4. What outcomes do you expect to achieve?
5. How will this project achieve more coordinated, improved and financially sustainable services?
6. What are the steps you need to take to complete the project?
7. How would the partnership be structured?
8. Include a budget and describe the costs incurred in this project.
9. How will the outcomes of this project be sustained after this funding is spent?

Geographic area served by project __________________________________________
Population to be served (# and description) _____________________________________

_________________________   ___________________________   ______________
CEO/Executive Director (Print)   Signature   Date

_________________________   ___________________________   ______________
Board Chair/President (Print)   Signature   Date

Nov 2018