

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