

**Please Note: The online application must be completed in one session; it cannot be saved for completion at a later date. Therefore, to assist you in preparing your submission, this document contains the questions that are on the actual application. Do not use this document to apply for a grant; it is provided for information purposes only.**

You may access the online grant application [here](#).



## SAMPLE APPLICATION FOR A GRANT FROM SEEKING HEALTH, LLC

Quarterly Grant Cycle

Applications for Quarter 1 - 2023 grant cycle will be accepted until December 20, 2022.

Thank you for your interest in applying for a grant from Seeking Health LLC.

Before beginning your application, please do your due diligence on our grantmaking by reviewing the Grant Guidelines & FAQs, the organizations that we have supported and our most recent annual report.

Complete the application in one session, as the online form cannot be saved for completion at a later date. Once you submit it, changes will not be accepted. To assist you in preparing your submission, you can view the application in its entirety here (sample).

Once you have completed and submitted your application, you will receive an email with all of your application details as your copy.

**IMPORTANT: YOUR APPLICATION IS NOT COMPLETE UNLESS THE APPLICATION SUBMISSION IS COMPLETE WITH ALL FIELDS FILLED IN received by 11:59pm on December 20, 2022.**





### OPTIMIZING LIVES GRANT APPLICATION

Legal Name of Organization:

DBA (if different from Legal Name):

Are you a tax-exempt organization under Internal Revenue Code Section 501(c)(3), including public charities as described in IRC 509(a)(1)-(4) and 170(b)-(c), or a government unit, school district or tribe?

- Yes
- No

Federal Tax ID Number:

Year Founded:

Number of Employees:

Number of Volunteers:

Website Address:

Please attach a copy of your organization's 501(c)(3) determination letter.  
(only PDF version accepted)

### CONTACT INFORMATION

#### COMPANY CONTACT DETAILS

Address

Address 2

City/Town

State/Province

Zip/Postal Code

Country

Email Address

Phone Number



## PRIMARY CONTACT

Name
Title
Email Address
Phone Number

## SECONDARY CONTACT

Name
Title
Email Address
Phone Number

## MISSION AND IMPACT

These questions are short answer, paragraph style answers.

- What is the organization's mission or purpose?
- What problem/issue/community need are you addressing?
- What demographics is your organization serving?
- How many people do you service?
- How will you measure your impact?

## ORGANIZATION DETAILS

What is your annual budget?

Are you part of a larger organization?

- Yes
- No

Why are they not funding your project?

If you are a big national organization, how locally focused are you?

Do you have known collaborators?

- Yes
- No

Name 2-4 organizations you collaborate with and give examples.



## PAST DONATIONS

Has Seeking Health donated to you before?

- Yes
- No

\*\*If yes, please answer the next 4 questions. If no, please skip to the Grant Request Section.

What was the use of Seeking Health's funds in the past?

What program's did they support?

Do you list your donors publicly?

- Yes
- No

Is Seeking Health listed on your website as a supporter?

- Yes
- No

## 2023 GRANT REQUEST

What is your requested donation amount for 2023?

What program(s) would be supported with the 2023 funds?

What expenses are associated with the project/program?

What resources are you requesting?

- Cash
- Product
- Volunteers

Provide details about the type of resources you are requesting. Choose or type N/A if that type of assistance is not needed.

**Cash** – Is there a preferred quarter you would like the funds?

Quarter 1
Quarter 2
Quarter 3
Quarter 4

**Product** – What product, quantity, and when?

**Volunteers** – Tell us more about your volunteer opportunities here.



## ACKNOWLEDGEMENT AND AGREEMENT

By clicking agree and entering my name, title and date below, I attest to the following: that I am an authorized officer of the organization making this grant request, and that all information I have provided on and attached to this application is true, accurate, and complete to the best of my knowledge. I understand that any funds granted will be used solely for the purpose and in the timeframe described in the application and subject to the conditions outlined in the Grant Agreement.

- Agree
- Disagree

Enter your Name and Title Here
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Enter Date of Grant Request Submission
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