



GRCHF 2023
Grant Application Questions
Targeted Grants Program

Please choose which focus area you are applying for:

- Dental Health
- Maternal Health
- Mental / Behavioral Health

Proposal

Please describe your organization’s work and how it helps address Dental Health, Maternal Health, or Mental/Behavioral Health in Strafford County.

There is no word limit, but we recommend keeping your answer to a few paragraphs. If you are a statewide organization, please provide Strafford County specific program details.

Access challenges

Describe the Maternal Health, Mental/ Behavioral Health or Dental Health challenges in Strafford County that your organization seeks to address.

Approach

What is your organization’s approach to addressing these challenges?

Community

Describe the community that your organization serves.

What has been your organization’s impact on this community related to this issue?

Impact

Approximate number of individuals that will be served by your organization:

Approximate number of individuals that will be served under this program:

Approximate number of individuals served from or in Strafford County under this program:

Total Percentage % served from or in Strafford County:

Financials / Budget

Request amount up to \$25,000: _____

Please describe how your agency will utilize the funds requested.