**Fundraising Consultant - Subgrant Application**

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| --- | --- |
| Organization: | Tax ID Number: |
| Address: | City & Zip: |
| Primary Contact Name: | Primary Contact Title: |
| Primary Contact Phone: | Primary Contact Email: |
| Financial Contact Name: | Financial Contact Title: |
| Financial Contact Phone: | Financial Contact Email: |
| D-U-N-S Number: (Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine-digit identification number, for each physical location of your business. D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants.) |

*\*If awarded, a W-9 will be required to have on file prior to subgrant initiation*

**Applications must be received by Wednesday February 15, 2023**

**Please concisely address the following application components:**

1. Describe your experience and organizational capacity to meet the subgrant activities.
2. Describe how your organization will meet the expectations for this project. Include an overview of your proposed approach for securing donations and in-kind support to ensure the successful standup of the Youth Behavioral Community Crisis Center, and how your organization will establish or strengthen relationships with donors.
3. Describe your organization’s fundraising philosophies.
4. Include a list of references.
5. Include a detailed budget outlining the expected expenses needed to accomplish this project.

**Applications should be sent electronically to:**

Southwest District Health at communityhealth@phd3.idaho.gov

**Applications must be received by February 15, 2023, at 5:00pm MT.**