**SUMMIT ENDOWMENT**

**2023 HEALTHY PEOPLE 2030 Special Project —**

**Accelerating Community Impact (ACI)**

**PROGRAM/PROJECT SUMMARY**

**Organization:** Click here to enter text.

**Project:** Click here to enter text.

**Grant period:** Click here to enter text.

**Amount requested:**  $ Click here to enter text.

**Total project cost:** $ Click here to enter text.

Summary: Click here to enter text.

**CONTACT INFORMATION**

**Contact Name & Title:** Click here to enter text.

**Address:** Click here to enter text.

**Phone:** Click here to enter text.

**E-mail:** Click here to enter text.

**SIGNATURES**

***This organization is in compliance with all applicable Federal, State, and local regulations, as well as Medicare/Medicaid, and other relevant regulations.***

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Author Title Date

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Executive Officer Title Date

**SUMMIT ENDOWMENT**

**2023 Special Project — AcI GRANT   
APPLICATION NARRATIVE**

**PROGRAM/PROJECT DETAILS**

*In no more than 2 pages (12 point font and 1” margins) answer each of the following questions in the text boxes that follow:*

1. What is the specific need/problem you want to address? Include a description of the geographic area and the target population. Click here to enter text.

2.Provide an overview of your program/project. Explain your primary goal, how many people you will serve, and describe how they will benefit from your program. Click here to enter text.

3. Why are you confident people will participate in this program? Click here to enter text.

4.Describe the staff that will lead the program and carry out activities. Click here to enter text.

5. How will you know/measure if the program is succeeding? Click here to enter text.

6. Complete and attach the budget worksheet and budget narrative.

7. Complete and attach the logic model.

8. As a tax exempt, non-profit 501(c)(3) organization, provide a copy of your IRS determination letter. Send a copy of your most recent IRS Form 990.

**FOR QUESTIONS OR FOR MORE INFORMATION, PLEASE CONTACT:**

Ann Spottswood

Director of Community Services

WellSpan Health

(717) 267-4861

[aspottswood2@wellspan.org](mailto:aspottswood2@wellspan.org)