**Proposal Summary for 2020 RHI Legacy Foundation Funding**

Name of your organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of your funding request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which focus area does your proposal address? Circle one:

Chronic Disease Healthy Eating Active Living

What will your proposal accomplish? How does this fit into your overall mission? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why is this needed for our county?

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What audience will benefit?

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What is the total cost? What portion of the cost will you ask RHI Legacy Foundation to contribute?

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Will the benefit continue after RHI Legacy Foundation grant funds are gone? If yes, explain how you will cover the costs. Do you expect to need funding for this from RHI Legacy Foundation, beyond 2020?

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Please name other grantors/supporters that you have/will contact to accomplish your funding goal. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please mail this completed summary to:

**RHI Legacy Foundation** at PO Box 352 Rutherfordton, NC 28139

or Email it to [Jill.Miracle@RHILegacy.com](mailto:Jill.Miracle@RHILegacy.com)

The deadline for proposal summaries is 5:00 on May 15, 2020. We will call or schedule a visit with you after we review your summary to indicate the next steps for your proposal.

Please call Jill if you require assistance with your proposal summary. 828-202-4630