



**GRCHF 2024  
Grant Application Questions  
Access to Care 10K General Operating Cost**

**Proposal**

Please use this application to describe your organization’s work and how it helps address access to care challenges 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.

**Community**

Please describe the community that your organization serves.

What has been your organization’s impact on this community and its access to care in recent years?

**Access to Care**

Describe the access to care challenges in Strafford County that your organization seeks to address.

**Approach**

What is your organization’s approach to addressing access to care challenges? Will you be working with any partners to achieve this work? How will they be involved and what is their role?

**Impact**

Approximate Number of individuals that will be served by your organization: \_\_\_\_\_

Approximate number of individuals served from or in Strafford County: \_\_\_\_\_

Total Percentage % served from or in Strafford County: \_\_\_\_\_

**Financials / Budget**

Request Amount up to \$10,000: \_\_\_\_\_