Please submit your application to [john.phelps@createhealthy.org](mailto:john.phelps@createhealthy.org)   
by **October 24, 2024**. Notification to Fuel to the Fire Recipients will be made by October 31, 2024.

**Fuel to the Fire Eligibility Requirements and FAQs:**

1. 501(c)3 status in good standing.
2. Applications are open for non-profit organizations supporting mental health, early childhood development, healthy living, and health education. Organizations in Gillespie, Blanco, Llano, or Mason Counties, or in Comfort are eligible.
3. Gifts to the organization dated October 1, 2024 – December 31, 2024, made for projects, programs, or operations are eligible for the match.
4. Capital Campaign gifts and gifts that are made in the form of a matching gift do not qualify for this match.
5. Create Healthy will match qualifying gifts dollar for dollar up to $25,000.
6. When crafting solicitation materials, please mention a matching gift of up to $25,000 from Create Healthy. Please reference Create Healthy in any advertisements or acknowledgements.

**Application FAQ:**

1. All questions are required to be completed on the application.
2. Attach your current (draft) end-of-year campaign solicitation letter to the application.

# Organizational Overview

### Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Organization Point of Contact

### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

## Service area impacted by your organization. (Select all that apply)

☐ Gillespie County ☐ Blanco County ☐ Llano County ☐ Mason County ☐ Comfort

## Mission Statement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Vision

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## Values

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## **End-of-Year Campaign Focus/Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Which area of our community health needs are you impacting? (Select one)

### ☐ Mental Health ☐ Childcare ☐ Healthy Living ☐ Health Education

## Explain how your request fulfills the funding priorities of Create Healthy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## How will this matching gift help you expand your mission?

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## Attach a draft of your end-of-year campaign solicitation letter. [Attachment]