2025 Centra Community Grant Application

Legal Name: Legal name of the organization acc	cording to the IRS. (based on your IRS determination letter)
Organization Mailing Address: ((Indicate the address where the check should be mailed if you request a check)
All documents and payments will be	e sent to this address.
Street Address	
City	
State	 Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware District of Columbia Florida 31 additional choices hidden South Dakota Tennessee Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming
Zip	
Physical Address:	
Same as Preferred Mailing Address?	☐ Yes ☐ No
Street Address	L 110
City	

Mame of Executive Direct					
	OF CONTACT INFORMATION				
☐ Yes ☐ No					
For more information, go to P please explain why.	Partner Registration Form for guidance on the registration process. If your organization is not registered,				
Is your organization regist	•				
□ No					
Yes					
If you would like to register or	r update your information, go to 2-1-1If your organization is not registered, please explain why.				
Is your organization regist	tered with 2-1-1 Virginia and if so, is the information up to date?				
	ppropriate documentation in supporting docs upload) de appropriate documentation in supporting docs upload)				
•	/DACS for guidance on the registration process.				
Is your organization regist	tered with the Virginia Department of Agriculture and Consumer Sciences to solicit funds as a nonprofit				
Tax ID number issued by the	FIRS.				
Employer Identification Number					
)					
	• Wyoming				
	• Wisconsin				
	Washington West Virginia				
	Virginia				
	Utah Vermont				
	• Texas				
	• Tennessee				
	31 additional choices hidden • South Dakota				
	District of ColumbiaFlorida				
	• Delaware				
	Colorado Connecticut				
	• California				
	Arkansas				
	Alaska Arizona				

• Alabama

State

Title (i.e. Executive Dire	ector, CEO, President, etc.):
A Phone Number:	-
	_ (###-###-)
🚰 Email:	
Is this the same person	who is submitting the grant application?
☐ Yes ☐ No	
If no, please provide the	e name, title, phone number and email of the person submitting the request on behalf of the organization:
ne:	
e :	
ne Number:	
ail:	
PROGRAM SUMMARY	(
7 Program Title:	
Indicate any previous s List the purpose, year(s) ar	ource(s) of Centra funding over the past 5 years: and amount.
Testimated Number of U	Induplicated Persons Served by this Program:
Total Budget for Entire	Program:
Amount of Budget Requ	uest to Centra:
4 % of Centra Budget Re	equest to Total Budget for Entire Program:
Purpose of this funding	request:
General Program Funding	ng g
Program Start Date:	

/(YYYY/MM/DD)
Program End Date:
/(YYYY/MM/DD)
Main Geographic area served by this program:
(Choose one)
☐ Bedford Area ☐ Farmville Area ☐ Lynchburg Area ☐ Entire Service Area (If you are addressing multiple localities across more than one service area, please select "Entire Service Area")
☑ Localities served by this program: (Bedford Area)
(Check all that apply)
☐ Town of Bedford ☐ County of Bedford ☐ Other (please explain & contact Melinda Bunting at communityhealthgrants@centrahealth.com
Bedford Area (Primary need to be addressed, as identified in Centra's 2024 Community Health Needs Assessments (CHNA):
 Mental Health and Substance Use Disorders & Access to Services Access to Healthcare Services Food Insecurity & Nutrition Issues Impacting Children and their Families: Childcare or Child Abuse/Neglect Homelessness & Housing Other (please explain)
☑ Localities served by this program: (Farmville Area)
(Check all that apply)
□ Town of Farmville □ Amelia □ Buckingham □ Charlotte □ Cumberland □ Lunenburg □ Nottoway □ Prince Edward □ Other (please explain & contact Melinda Bunting at communityhealthgrants@centrahealth.com
Farmville Area (Primary need to be addressed, as identified in Centra's 2024 Community Health Needs Assessments (CHNA):
 Access to Healthcare Services Mental Health and Substance Use Disorders & Access to Services Food Insecurity & Nutrition Homelessness and Housing Transportation Other (explain)
☑ Localities served by this program: (Lynchburg Area)
(Check all that apply)
City of Lynchburg Amherst Appomattox Campbell Pittsylvania Other (please explain & contact Melinda Bunting at communityhealthgrants@centrahealth.com
□ Other (piease explain a contact inclina buriting at community leating at the contract of the contract inclination and the contract inclination and the contract inclination and the contract of the contract inclination and the contract inclination

Lynchburg Area (Primary need to be addressed, as identified in Centra's 2024 Community Health Needs Assessments (CHNA):
 Access to Healthcare Services Mental Health and Substance use Disorders & Access to Services Food Insecurity and Nutrition Homelessness & Housing Issues Impacting Children and their Families: Childcare or Child Abuse/Neglect Other (explain)
Localities served by this program: (Entire Service Area)
City of Lynchburg Town of Bedford Town of Farmville Amelia Amherst Appomattox Bedford Buckingham Campbell Charlotte Cumberland Lunenburg Nottoway Pitsylvania Desirates Edward
☐ Prince Edward ☐ Other (please explain & contact Melinda Bunting at communityhealthgrants@centrahealth.com
Entire Service Area (Primary need to be addressed, as identified in Centra's 2024 Community Health Needs Assessments (CHNA):
 Access to Healthcare Services Mental Health and Substance use Disorders & Access to Services Food Insecurity and Nutrition Homelessness & Housing Issues Impacting Children and their Families: Childcare or Child Abuse/Neglect Transportation Other (explain)
Provide a brief summary of the proposed program:
PROGRAM NARRATIVE
Please describe your program and organization by answering the following questions.
PROGRAM NEED
💯 Describe the population to be served: – Who will benefit from this program?

Include quantitative data to describe the population to be served including demographics, socioeconomic status, and other data to support the needs of the population. Please cite data sources (i.e. US Census, 2024 Centra Community Health Needs Assessment, Virginia Department of Health, etc.)
PROGRAM DESIGN
Mescribe the program. How are you going to address the needs of the population to be served?
1. How does this program align with your organization's mission, vision, and values?2. How does the program align with the 2024 Community Health Needs Assessment priority area(s) and/or "other" needs selected?3. Describe the strategies on how the program will be implemented. - Include a program work plan with action steps, responsible parties, and timeframes for each strategy.4. Describe the background and qualifications of the key team members who will manage this program.5. Do you have demonstrated community commitment and/or collaborations with other community partners for this program? If yes, please describe, their roles/responsibilities, and their financial or in-kind support for the program.
PROGRAM IMPACT
A Describe how you measure program outcomes and impact. How is the proposed program innovative and non-duplicative of other community services? Include the following:
1. The key outcome(s) you expect to achieve with the program.2. The specific measurements that will be used to evaluate your success/ outcomes.3. What demographic and socioeconomic status information will be collected for those served by the program.
If this is an ongoing program and/or has been previously funded by Centra, please complete the following:
1. Describe the key outcomes and impact your program has achieved so far.2. What measurable changes have resulted from your program?3. Please provide quantitative data and supporting evidence demonstrating the outcomes and impact of your most recent year.4. Please provide a success story(s) that illustrates your program's effectiveness.
PROGRAM BUDGET
A. Complete the Centra Grant Budget Spreadsheet located in task 2. B. Provide a budget narrative and describe how it supports this program using the Centra Grant Budget Spreadsheet.
1. How will Centra dollars and other dollars (cash and in-kind) be used to support the program?- Describe the itemized expenses and revenues for each line item or category in your budget.2. What is the percentage of Board members making a financial contribution to the organization in the most recent fiscal year? - If 100% of board members are not making a financial contribution, why not?3. Describe how you will sustain the program after Centra grant funds are spent Please provide the program's long-range sustainability plan, describing the strategies and efforts that will be used to secure funding beyond Centra support. Be specific.