



NORTON SOUND HEALTH CORPORATION

Tribal Wellness Fund Application

Purpose: Norton Sound Health Corporation would like to fund viable, sustainable activities that benefit our Tribal members and other patients living in the communities we serve. NSHC is interested in facilitating requests that allow communities to take ownership for their health and wellness.

Eligible Organizations: Tribes/Traditional Councils in the Bering Strait Region and the City of Nome are eligible to apply for funding.

Projects: Projects must be aligned with NSHC's mission statement: "Providing quality health services and promoting wellness within our people and environment."

Total funding available per community/Tribe: \$15,000 annually

Request Solicitation Period: April 1- June 30th of the calendar year

Funding Start Date: October 1st of each calendar year

What NSHC supports: NSHC will support specific requests, such as: equipment, consultant services, supplies/incentives, travel, or other as requested up to \$15,000.

What NSHC will not support: Sub-contracts or mini-grants to the Tribes/communities. If your request is approved, NSHC will purchase the items/equipment or make payment on your behalf to contractors/consultants with proof of invoice or receipt.

Funding Application Submission: A funding application must be submitted to NSHC no later than June 30th of each calendar year (attached).

Send to:

Norton Sound Health Corporation

Attn: Maggie West

PO Box 966,

Nome, AK 99762

mdwest@nshcorp.org

907-443-9679 or 1-800-443-3311

Progress Report/Post-Project Narrative Report

A progress report is due prior to submitting another grant application. NSHC will want to understand and learn how the funding request made a difference to impact health and wellness in your community. Continuation funding is contingent on the submittal of a post-project progress report.



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Funding Application

Name of Organization: _____

Name of Project: _____

Duration of Project: _____

Brief Description of Project: _____

Funding Requested from
NSHC: _____

If the project will cost more than \$15,000, explain how the remaining expenses will
be
paid: _____

Name and Email Address of Contact Person filling out
application: _____

Attachments- attach quote or invoice to support request if applicable