

## Example Grantee Organization

ID: R-202109-04769  
Goal 1: Strengthen Systems of Health  
Program Officer:

Amount Requested:

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### ▼ Organization Information

**Organization:** Example Grantee Organization  
**Application Contact:**  
**Secondary Application Contact:**

### ▼ About the Proposal

**Goal:** Goal 1

**Strategy:**

**Project Title:**

**Amount Requested:** \$0.00

**What is the total budget for this work?** \$0.00

Dates this funding request will cover:

**Start Date:**

**Duration (in Months):**

**End Date (to calculate click the Save and Close button below):**

If you are an existing or previous EHF Grantee, please select the Program Officer you have worked with:

**Program Officer:**

### ▼ Use of Funds

**Provide a concise description of the grant purpose:**

**From which county will this grant be administered?**

Which county(ies) in the Episcopal Diocese of Texas (EDOT) do you intend to impact directly with grant funds? (Select only counties in which 20% or more of your beneficiaries reside):

**EDOT Counties:**

**What is the challenge or opportunity this proposal aims to solve for its participants, the community or the sector? What critical unmet need is being addressed?**

**Describe how this funding will be utilized including key elements of your project and your projected outcome(s).**

**Additional comments/information?**