MONROE OWEN COUNTY MEDICAL SOCIETY

Healthy Schools Grant Application

SCHOOL YEAR 2026-2027

If more space is required, or you have printed material for the program details, please feel free to include additional pages upon submission.

Application Deadline:

October 17, 2026

Project Overview:

Provide a detailed description of the activities or programs you will offer with this grant and the goal(s) you hope to achieve.

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Number of Students Impacted:

The program must impact at least 75 students.

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Project Budget:

Please provide a detailed budget for this project, including the total cost and a breakdown of expenses. Additionally, list any other resources or funding you are seeking.

Project Timeline:

Detail the timeline for your program, including key checkpoints and milestones.

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Contingency Plan:

Explain your plan if the total requested funding is not received.

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Program Coordinator

Please provide contact information for the coordinator of the program or activity.

First Name: _____ Last Name: _____

Phone: _____ Email: _____

School Principal

Please provide contact information for the principal of the school where the program or activity will be conducted.

First Name: _____ Last Name: _____

Phone: _____ Email: _____

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Grant Coordinator

Please provide contact information for the grant coordinator of the program or activity.

First Name: _____ Last Name: _____

Phone: _____ Email: _____

☐ I have read the attached MOCMS Healthy Schools Grant Program Guidelines and Requirements and agree to all the requirements presented.

Signatures:

_____ _____

Grant Coordinator's Signature *Date*

_____

Printed Name

_____ _____

School Principal's Signature *Date*

_____

Printed Name