



Lexington-Fayette County Health Department PATH (Partnerships Advancing Transformation and Health) Mini-Grant Application

Mini-Grant Application due by 11:59 PM ET on January 31, 2026.

Submit completed application to: davide.peterson@lfchd.org

Late applications will **not** be considered for funding.

About the Community Health Improvement Plan (CHIP)

The Community Health Improvement Plan (CHIP) is a community-driven plan that brings partners together to address Lexington's top health priorities.

Who Should Apply?

Fayette County community organizations, neighborhood groups, schools, faith-based groups, and other partners working to improve health in Lexington are encouraged to apply. **You do not need to be a 501(c)(3) to be eligible.**

Instructions

Thank you for applying for the PATH (Partnerships Advancing Transformation and Health) Mini-Grant!

(1) Please read the **PATH Mini-Grant FAQ** to answer any questions you may have. (2) Please fill out the below **summary section**. (3) Please provide at least a few sentences of information about your intended project in each of the **detail sections**.

Summary

Project Title:

Brief (1 – 3 sentence) description of project:

Amount of funding requested (max = \$5,000):

Name of Project Lead(s):

Please include email and phone contact information

Detail

Please check any of the four Lex-CHIP priority areas that your project addresses:

Access to Care

Financial Stability

Knowledge Empowerment

Mental Well-being

Goals:

What are the goals of this project? If the project worked out perfectly, what would be the best possible outcome? What is the impact for improved community services & health outcomes, time saved, county health impacts, etc.? How will your project impact Community Health Improvement Plan goals? (Limit 1,500 characters)

History:

**Please share a few sentences about the relevant history around this project. What has been tried before, if anything? What have you observed in the community as an effort to address the same issue? (Limit 1,500 characters)*

People:

Who will be involved? Will the project involve multiple organizations or populations? How will your project empower populations whose voices might not otherwise be heard? Who will be your project leads? Please list any community partner groups or individuals who will help guide or participate in the project. (Limit 1,500 characters)

Target Audience for Project:

Age, ZIP code, specific neighborhoods, or populations? (Limit 1,500 characters)

Timeline:

When will your project start and end? Who will make sure activities stay on track? (Limit 1,500 characters)

Evaluation:

Examples of simple ways to measure your project's impact include:

- Number of participants
- Short surveys or questionnaires
- Attendance counts
- Referrals or connections made
- Photos of activities
- Partner or participant feedback

How will you evaluate the effectiveness and impact of your project? (Limit 1,500 characters)

Sustainability:

How will this project be sustained after the PATH Mini-Grant timeframe has passed? (Limit 1,500 characters)

Budget:

You may request up to \$5,000. Please list how you plan to use the funds. Estimates are fine.
Food is allowable only if it directly supports project participation.

Please fill out the budget below to show how you will use the funds requested.

- PERSONNEL/FRINGE:

JUSTIFICATION:

- TRAVEL:

JUSTIFICATION:

- SUPPLIES/MATERIALS:

JUSTIFICATION:

- COMMUNICATION/OUTREACH:

JUSTIFICATION:

- OTHER EXPENSES:

JUSTIFICATION:

***TOTAL GRANT FUNDS REQUESTED (not to exceed \$5,000):**

***NOTE: PATH Grant recipient will be awarded 50% of the Total Grant Funds Requested immediately following notice of award, and remaining 50% of funds after successful completion of the project.**

• IN-KIND SUPPORT (if any):

DESCRIPTION:

TOTAL PROJECT FUNDS:

Thank you for your interest in applying for PATH (Partnerships Advancing Transformation and Health) Mini-Grant funding. We value your partnership!

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Award announcement emails will be sent out no later than February 13, 2026.