



Healthcare Resources Foundation

Grant Application

Date: _____

1. Name of Applicant: _____

Project Name: _____

Address: _____

2. Contact Person: _____ Title: _____

Telephone No.: _____ Fax No.: _____

3. Grant Amount Requested: _____

Project Budget: _____

Project Timetable: _____ To Begin: _____ To End: _____



Healthcare Resources Foundation

Grant Application

(Page 2)

4. Specific Purpose of Project :

Goals/Objectives to be met :



Healthcare Resources Foundation

Grant Application

(Page 3)

Methodology :

Justification of need :



Healthcare Resources Foundation Grant Application

(Page 4)

Special Characteristics of program/project (if applicable):

How will the project be continued when grant award expires?



Healthcare Resources Foundation

Grant Application

(Page 5)

5. Please provide a brief description of your organization:

Organization's primary purpose:



Healthcare Resources Foundation

Grant Application

(Page 6)

Geographic service area:

Primary constituency served:



Healthcare Resources Foundation

Grant Application

(Page 7)

Service programs offered:

Please list contributors to your organization:



Healthcare Resources Foundation

Grant Application

(Page 8)

Please list income sources for the proposed project:

6. Please attach financial information for the organization - include operating budget for proposed year and audited financial statements for the previous two fiscal years.
7. Please attach financial information for the project - an operating budget for the year.
8. Please attach a list of the members of the officers of the organization and their business affiliations.
9. Please attach the name, title, credentials and outside affiliations of the person within the organization that will be responsible for the administration of the project and grant.
10. Please attach a copy of the organization's 501 (c)(3) certificate, as determined by the IRS .
11. Please attach a copy of the organization's mission statement as contained in the articles of incorporation or by-laws.
12. Please provide any additional information related to your organization, that you believe may assist us in evaluating your request. (Please limit attachments to 4 pages)

I declare that I have examined this Grant Application, and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

Signature of Officer

Date

Name of Above Officer (type or print)

Title of Officer (type or print)