

# GRANT APPLICATION

**Do Not Submit This Form Without Prior Approval of Preliminary Grant Inquiry By  
GRANT HEALTHCARE FOUNDATION**

**Please Submit 7 Copies of this Application on 3-hole Punched Paper  
Please Do Not Place Applications in Binders  
(follow this format)**

## NARRATIVE

### A. Describe Your Organization

- What issues, problems or needs does your organization address?
- Briefly describe your organization's purpose, history and major accomplishments.
- Describe your current programs and activities.

### B. Describe Your Request

- Describe the goals, objectives, activities and strategies.
- Is it a new or ongoing part of your organization? What is your timeline?
- How does it fulfill the mission of Grant Healthcare Foundation?
- Who will be involved in carrying out the plans outlined in this request?
- Include a brief paragraph summarizing the qualification of key individuals involved.
- Who is your constituency? (Be specific about demographics such as race, class, gender, ethnicity, age, sexual orientation, and people with disabilities.) How are they actively involved in your work and how do they benefit from this project/organization?
- What communities does your project/organization serve? How does your organization collaborate with other organizations?
- Describe your plan to financially sustain your project/organization in the future.
- If this grant request is for funding for research, who will own any patents which may be awarded for as a result of this research?

### C. Evaluation (maximum of one page)

- Describe your plan for evaluating the success of the project or the organization's work.
- Who will be involved in the evaluation—staff, board, constituents, community, consultants?
- How will you know if it was successful? How will the evaluation results be used?

## ATTACHMENTS (Supply 7 copies of everything listed below, except where noted)

### Organizational Structure/Administration

- Provide a list of your board of directors with related community and employment affiliations.

### Finances

- Organization's current annual operating budget. (see attached budget format)
- Project budget, if applicable. (see attached budget format)
- List individually other funding sources for this request. Include amounts and whether received, committed, projected or pending.
- Most recent audited financial statement (revenue, expense and balance sheets), if available. **(1 copy)**
- Most recently filed Form 990 **(1 copy)** **INCLUDE ALL SCHEDULES & ATTACHMENTS.**

### Other Supporting Material

- Recent annual report, if available. **(1 copy)**

## PROJECT BUDGET

If you already prepare budgets that approximate this format, please feel free to submit them in their original forms. You may reproduce this form.

Organization Name: \_\_\_\_\_

Budget for the period from \_\_\_\_\_ to \_\_\_\_\_.

	<b>EXPENSES:</b>		<b>REVENUE:</b>
<u>ITEM</u>	<u>AMOUNT</u>	<u>SOURCE</u>	<u>AMOUNT</u>
Salaries & Wages	\$ _____	Government grants & contracts	\$ _____
Fringe benefits & payroll taxes	\$ _____	Foundations	\$ _____
Consultants & professional fees	\$ _____	Corporations	\$ _____
Travel	\$ _____	Earned Income	\$ _____
Equipment	\$ _____	United Way, Combined Federal Campaign & other federated campaigns	\$ _____
Supplies	\$ _____	Individual contributions	\$ _____
Printing & copying	\$ _____	Fundraising events & products	\$ _____
Telephone & fax	\$ _____	Membership Income	\$ _____
Postage & delivery	\$ _____	In-Kind support	\$ _____
Rent & utilities	\$ _____	Other (specify)	\$ _____
In-kind expense	\$ _____	_____	\$ _____
Other (specify)	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>TOTAL EXPENSE</b>	\$ _____	<b>TOTAL REVENUE</b>	\$ _____
		<b>BALANCE</b>	\$ _____

## ORGANIZATION BUDGET

If you already prepare budgets that approximate this format, please feel free to submit them in their original forms. You may reproduce this form.

Organization Name: \_\_\_\_\_

Budget for the period from \_\_\_\_\_ to \_\_\_\_\_.

	<b>EXPENSES:</b>		<b>REVENUE:</b>
<u>ITEM</u>	<u>AMOUNT</u>	<u>SOURCE</u>	<u>AMOUNT</u>
Salaries & Wages	\$ _____	Government grants & contracts	\$ _____
Fringe benefits & payroll taxes	\$ _____	Foundations	\$ _____
Consultants & professional fees	\$ _____	Corporations	\$ _____
Travel	\$ _____	Earned Income	\$ _____
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In-kind expense	\$ _____	_____	\$ _____
Other (specify)	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>TOTAL EXPENSE</b>	\$ _____	<b>TOTAL REVENUE</b>	\$ _____
		<b>BALANCE</b>	\$ _____