

PRELIMINARY GRANT INQUIRY

GRANT HEALTHCARE FOUNDATION

Deadline July 21st

Organization: _____

Address: _____

Telephone Number: _____ FAX Number: _____

Executive Director: _____

Contact Person and Title: _____

Grant Request: \$ _____ Period Grant Will Cover: _____

Project Title (if project funding is requested): _____

Type of Request (check one):

program support research grant capital expenditure general support

Summarize the Organization's Mission:

Summary of Grant Request:

Specific Goal or Outcome to be Measured:

PLEASE INCLUDE A COPY OF YOUR ORGANIZATION'S TAX EXEMPT STATUS