

# Grant **Healthcare** Foundation

## PRELIMINARY RESEARCH GRANT INQUIRY

### GRANT HEALTHCARE FOUNDATION

Deadline July 21st

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Grant Request: \$ \_\_\_\_\_ Time Required for Project: \_\_\_\_\_

Research Project Title: \_\_\_\_\_

Lay Description of the Project:

Specific Goal or Outcome to be Measured

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