

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