

Grant Application

Grant Application - LIMIT APPLICATION TO **NECESSARY** INFORMATION PERTINENT TO GRANT, CURRENT OPERATING AND HISTORICAL INFORMATION.

NOTE: Applications for grants should be in writing and must be submitted by the 10th of January, April, July or October to be considered at the board meetings held in March, June, September, and December. Submit original and seventeen (17) full sets of Grant Application.

1. Date of Application: _____

2. Organization's registered name and address:

3. Names of Organization's Board of Trustees and Officers (if applicable)

4. Description of Organization's overall purpose and relevance to community needs

5. A brief description of specific project for which support is sought. Include numbers and location of people to be served and duration of the project. Attach additional information if necessary.

_____ New Program _____ Capital Expense _____ Operating Expense

(a) Amount of request _____

(b) Cost analysis of the project. Include plans for future funding sources.

6. Attach a copy of Organization's 501 (c) (3) certificate of tax exemption.

7. Attach a financial statement (audited, if available) and a copy of the Organization's current annual budget.

8. Have other grantors been solicited for this project? _____

9. If YES, please identify, with amounts requested and/or granted

10. List grants made to your organization by Overlook Hospital Foundation in the previous 5 years. Include purpose of grant and amount received.

11. Please state name, address, and phone number of contact person who will be responsible for this project's implementation, expenditure of funds and project evaluation; including regular periodic and final project reports with verification of funds expended.

Submitted by _____
(Name and Official Title)

Revised 1/07