

**Foundation for Community Health
GRANT APPLICATION
ORGANIZATION COVERSHEET**

FIMS# _____
Date Received _____
Approved <u>YES</u> <u>NO</u>
For Office Use Only

I. Organizational Information

Name of Organization

Telephone

Address

Fax

City, State Zip Code

Check One: 501(c)3
 Public Entity Other

EIN #

Email Address

Web Address

Name of Executive Director

Email Address

Is there another organization acting as a fiscal agent for this project? Yes No
If yes, please indicate below.

Name of Fiscal Agent

Telephone

II. Project Contact Information

Name of Project Director

Telephone

Address (if different)

Fax

City, State Zip Code

Email Address

III. Funding Request Information

Project Title

\$ _____
Amount Requested

Project Time Frame

\$ _____
Estimated Budget*

*If requesting multiple year funding, give details:

	Total Budget	Amount Requested from FCH
Budget Year One	\$ _____	\$ _____
Budget Year Two	\$ _____	\$ _____
Budget Year three	\$ _____	\$ _____