

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

| |
|----------------------------|
| FIMS# _____ |
| Date Received _____ |
| Approved YES ___ NO ___ |
| For Office Use Only |

I. Organizational Information

Name of Organization

Telephone Number

Address

Fax Number

City, State Zip Code

Check One: 501(c)3
 Public Entity Other

EIN #

Email Address

Web Address

Name of Executive Director

Telephone Number

Email Address

Fax Number

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

Name of Fiscal Agent

Telephone Number

II. Project Contact Information

Name of Project Director

Telephone Number

Email Address

Fax Number

III. Funding Request Information

Project Title

\$ _____
Amount Requested

Project Time Frame

\$ _____
Estimated Budget

Budget Year One Total Budget
\$ _____
Budget Year Two \$ _____

Amount Requested from FCH
\$ _____
\$ _____

Project Goal: _____

