

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: _____

