

A. COVER LETTER: One page tailored to address the interests and specific priorities of the funding sources and amount requested.

B. SUMMARY OF APPLICANT ORGANIZATION: Use attached form (which must be completed, signed and submitted).

C. PROGRAM/PROJECT BUDGET: (may use attached form)

D. NARRATIVE: Preferred length not to exceed three pages. Include the following information:

- 1) Purpose of Grant This section should include the following:
 - a) Brief statement of the issue to be addressed; description of constituency served (include number served); target population; how will they benefit?
 - b) Description of goals and objectives for the purpose of the grant;
 - c) Description of activities planned to accomplish these goals; is this a new or ongoing activity on the part of the sponsoring organization?
 - d) Timetable for implementation (if for a specific program);
 - e) Other organizations, if any, participating in the activity;
 - f) Long term sources/strategies for funding at the end of the grant period.
- 2) Organization Information This section should include the following:
 - a) Mission statement, brief statement of organization's goals and/or objectives;
 - b) Brief summary of organization's history;
 - c) Description of current programs, activities and accomplishments.
- 3) Evaluation Please discuss:
 - a) Expected results during the funding period;
 - b) How you would define and measure success;
 - c) How will project's results be used and/or disseminated?
 - d) If approved, Please list how MICA Medical Foundation will be recognized as a funder.

E. ATTACHMENTS: Please attach the following:

- 1) Board of Directors
 - a. Occupations and/or community affiliations;
 - b. Antidiscrimination statement adopted by board;
- 2) List of names and qualifications of key staff;
- 3) Most recent fiscal year-end financial statements (audited if available);
- 4) Annual Report (if available);
- 5) A copy of organization's (or fiduciary organization's) IRS determination letter indicating 501(c)(3) exempt status (if applicable; preferably dated within the last ten years);
- 6) List of major contributors (and amounts) to organization/program (if applicable);
- 7) List of volunteer involvement and in-kind contributions.



GRANT APPLICATION FORMAT

SUMMARY OF APPLICANT ORGANIZATION

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Executive Director: _____

Contact Person:

(Name) (Title)

Phone: _____ Fax: _____

Organization Status:

☐ State or Local Government Medical or Educational Institution

☐ 501(c)(3) School

☐ 501(c)(3) Public Charity (other than School); Identify Type (such as 509(a)(1)): _____

☐ Other; Please Describe: _____

Purpose of Grant:

☐ Special program/project (specific activity of the organization consistent with its mission)

☐ Technical assistance

☐ Other _____

Brief description of request (attach a continuation sheet, if necessary):

Organization budget: _____ Fiscal year: _____

Program budget: _____ Amount of request: _____

This grant will not be used for influencing elections or legislation.

Date : _____

Print Name: _____ Title: _____

Date: _____

Print Name: _____ Title: _____

PROGRAM/PROGRAM BUDGET

Organization Name: _____

Program Name: _____

Itemize expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Cost (A) \$ _____

Funds Available for Program:

Gifts & Grants/pledged or paid

Trustees \$ _____

Corporations \$ _____

Foundations \$ _____

Individuals \$ _____

Government \$ _____

Other
earned income, special events, memberships, etc. \$ _____

Total Funds Available (B) \$ _____

Balance Required (A minus B) \$ _____

Amount Requested \$ _____