

UPMC HORIZON COMMUNITY HEALTH FOUNDATION BOARD

GRANT APPLICATION COVER SHEET

Date of Application: _____

Legal Name of Organization Applying: _____
(Should be the same as on the IRS determination letter as supplied on IRS form 990)

Year Founded: _____ **Current Annual Operating Budget: \$** _____

Executive Director: _____

Contact Person/Title (if different from Executive Director): _____

Address (principal/administrative office): _____

Mailing Address, if different from above: _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Purpose of Grant (one sentence): _____

Beginning and Ending Dates of the project/campaign: _____

Amount Requested: \$ _____ **Total Project Cost:** _____

Geographic Area Served: _____

Signature Board of Directors Chairperson: _____ **Date:** _____

Typed Name and Title: _____

Signature Executive Director: _____ **Date:** _____

Typed Name and Title: _____