



MCKEESPORT HOSPITAL FOUNDATION



COMMUNITY HEALTH GRANT APPLICATION FORM

Please type or print clearly.

ORGANIZATION INFORMATION

Organization Name: _____ Date of Application: _____

Affiliation Organization(s) (if applicable): _____

Executive Director: _____ EIN Number: _____

Contact Person (if different from above): _____

Organization Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Date Founded: _____ Organization Operating Budget: _____

REQUEST OVERVIEW

Program/Project Title: _____

Type of Program/Project: New Program/Project Ongoing Program/Project Other (explain below)

Program/Project Description & Purpose: _____

Relation to Community Health: _____

Program/Project Director or Coordinator: _____

Project Start Date: _____ Project End Date: _____

Geographic Area(s) Served: _____

Amount Requested: _____ Total Project Cost: _____

Project Proposal and Project Budget must still be included as separate documents.



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REQUIRED SUBMISSION MATERIALS LIST

Application Form
Program/Project Proposal (2-pages maximum)
Program/Project Budget (1-page maximum)
Copy of IRS 501(c)3 Tax-Exemption

RECOMMENDED SUBMISSION MATERIALS LIST

Mission Statement
Board of Directors Listing
Funds Requested from Others and Past Funding Sources
Audited Financial Statements (current)

SUBMISSION INFORMATION

Submit application and all other materials, per instructions in the grant guideline, to:

Eliana R. Latterman
Director of Development
McKeesport Hospital Foundation
1500 Fifth Avenue
McKeesport, PA 15132
Email: lattermaner2@upmc.edu
Telephone: 412.664.2590

Application will be rejected for failure to provide complete and accurate information.