



# MCKEESPORT HOSPITAL FOUNDATION



## COMMUNITY WELLBEING 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 Wellbeing: \_\_\_\_\_

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

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

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### RECOMMENDED SUBMISSION MATERIALS LIST

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

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### SUBMISSION INFORMATION

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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](mailto:lattermaner2@upmc.edu)  
Telephone: 412.664.2590

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