

North Shore Health Care Foundation Grant Application

ORGANIZATIONAL INFORMATION

Date: _____

Name of Organization: _____

Legal Name if Different: _____

Address: _____

City State Zip Code

Employer Identification Number (EIN): _____

Phone Number Fax Website

Name of Top Paid Staff: _____

Title Phone Email

Contact Person Regarding this Application: _____

Title Phone Email

Is your organization an IRS 501(c)(3) not-for-profit? Yes No

If so, please send a list of your Board of Directors

If no, is your organization a public entity/unit of government? Yes No

4. When will the activities take place and how will the activities benefit the community?

5. How will you evaluate the success of the project?

BUDGET INFORMATION

1. What is the dollar amount that is requested? \$ _____
2. What is the total budget for the project? \$ _____
3. Please provide a budget for the project which includes secured and anticipated income sources and a listing of all expenditures.

INCOME

Source:	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total Income:	\$

EXPENSES

Source:	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total Budget:	\$