

Greene County Memorial Hospital Foundation

Letter of Interest

Application for Charitable Contribution

Please complete all sections.

Today's date: _____

1.

Legal name of organization

EIN #

2.

Address of organization

City

Zip

3.

Telephone #

Fax #

Email

4.

Executive Director/Chief Executive Officer

Other Title

5.

Contact person for this application, if different from CEO/Executive Director

Telephone

6.

Is your organization a 501 (c) (3) nonprofit? Yes No

If no, what is your designation? _____

7.

Principal purposes and services of your organization: Brief Mission Statement

8.

Project Title: _____

9.

Specific purpose for which funds are requested:

(Summary description of this request. Please do not refer to attachments)

10. Identify the need to be addressed, number of people to be served and geographical area of service:

11. Describe strategies and methods of evaluation:

12. What is the anticipated outcome if this grant application is approved?

13. Amount requested: \$ _____

14. Period of time in which funds will be spent: from _____ to _____

15. Organization's total budget \$ _____; Project's budget (if applicable) \$ _____

Fiscal year: ____/____/____ to ____/____/____

In addition to a Letter of Interest, the following must also be included:

Text (not to exceed 3 pages) must include:

- Summary of the proposed purpose for which a grant is sought and how it would advance the Foundation's mission and vision
- The requested amount and rough budget of the proposed project, indicating projected expenses and income sources
- Copy of your organization's most recent Form 990 filed with the IRS
- Copy of IRS Federal Tax Exemption Determination Letter – 501(c)(3)
- List of Officers and Directors

*Submission of completed application does not constitute approval of requested grant and does not obligate GCMH Foundation in any way.