



Grant Application Form

(October 2010 REVISED)

Date of Application: _____

Date received by Foundation: _____

Department or Organization: _____

Name of Lead Contact: _____
 Title: _____
 Phone: _____ FAX: _____ E-mail: _____
 Address: _____
 State: _____ Zip Code: _____

Name of Secondary Contact: _____
 Title: _____
 Phone: _____ FAX: _____ E-mail: _____

Program/Project Title: _____
 Amount of this request: _____ Total Budget for this program: _____
 Grant Duration: _____ Anticipated Start Date: _____
 Communities of Counties Served: _____
 Approximate number of people to be served during grant period: _____
 Brief demographic description of population being served:

Type of request: _____ Capital _____ Equipment
 (check all that apply) _____ Technical Assistance _____ Project Start-Up
 _____ Operating _____ Continuing Education
 _____ Program
 _____ Other (please explain) _____

What other funding avenues have you explored or are exploring for this program/project?

Signature of Director/System Director: _____ Date: _____
 Signature of Vice President: _____ Date: _____

Statement of need:

1. What is the problem, challenge or need that is unaddressed or unmet?

2. What is the research, statistics or evidence that shows this need or benefit exists?

Desired outcomes:

Please describe the changes in individuals or communities due to their participation in this program/project.

Describe the methods you will use to assess the success of the proposed project.

Program/Project Description:

(Please provide a summary description of the program/project including the goals and objectives. Also include how the grant funds will be used. You may attach supplemental information to support your application.)

- THE PURCHASE OF ALL ITEMS FOR HOSPITAL DEPARTMENTS MUST BE DONE THROUGH THE MATERIALS RESOURCES DEPARTMENT UNDER THEIR GUIDELINES
- IF THIS GRANT IS APPROVED, IT IS FOR ONE-TIME ONLY, NOT ON-GOING
- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Foundation Action:

Executive Director:	_____	Approved	_____	Declined	_____	Date
UHS CEO:	_____	Approved	_____	Declined	_____	Date
Grants & Awards Committee:	_____	Approved	_____	Declined	_____	Date
Board of Directors:	_____	Approved	_____	Declined	_____	Date
Date of 1 st Grant Outcome Report	_____		Frequency of reports	_____		