



APPLICATION FOR FUNDS FOR A SPECIFIC PROJECT

This application for funds will be filed with our office and distributed to the committee members who are responsible for evaluating the request. We evaluate grant requests quarterly in the order we receive them.

Date:

Name of requesting organization:

Date of last IRS determination _____ Designation by IRS _____
(Attach Documentation)

Contact person _____ Phone number _____

Brief description of project for which funding is requested: An Overview.

State the goals and objectives:

State the time table for accomplishing the goals and objectives:



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Describe the evaluation process you will use to evaluate how you have met your goals and objectives:

Describe how the project relates to the requesting organization's long-term plans and priorities:

Describe the present and future impact this project will have on the health of the community:

Provide an itemized budget for the project for which monies are requested. (Use separate page or pages.) Please include a copy of your overall budget for the year for which you are requesting funds.



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List other sources of funding commitments received to date with amounts listed:

Describe how the request will impact the organization’s future operating budget (expenses and revenues). What is your organizations financial plan for future sustainability of this project after this grant is spent?

This grant request, excluding attachments, should be limited to five pages when possible.

Meetings and site visits will be scheduled with applicant organization by CMCCHF, Inc. if deemed appropriate after your grant request is studied by the evaluation committee.

I understand that if this grant is approved that we will sign a contract currently furnished to me which binds us to the details in this application.

_____ Title _____

Mail to:
Clarksville-Montgomery County Community Health Foundation, Inc.
Attention: Paula Johnson
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Clarksville, TN 37040