



grant application

Application can be completed online, printed and mailed to the Burbank HealthCare Foundation with the required attachments.

1. Organization

Proposed program (if different):

2. Mailing address: *street*

city

zip

Telephone:

Fax:

Website Address:

3. President, CEO or Executive Director:

Contact name (person filling out this application):

E-Mail Address:

4. What is your organizational mission statement?

5. Submit a current brochure (if available) plus a list of the organization's board of directors.

6. Year established:

7. Total membership (if applicable):

8. Staffing:

of full-time employees:

of part-time employees:

of volunteers:

9. Communities served:

10. Please verify your organization's tax-exempt or nonprofit status by attaching a copy of the 501(c)(3) exemptions or other letter of determination from the International Revenue Service.

Tax Identification #

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11. Please provide financial statements from most recent fiscal year.
Audited financial statements preferred. Provide name and address of a

12. Financial information of previous year. Indicate year:

Income

- Dues
- Fundraising Income
- Foundation Grants
- United Way Funding
- Government Funding
- Other Income

Expenditures

- Administrative Expenses
- Community Service Expenses
- Fundraising Expenses
- Other Expenses

Enter % of Total Income
for each Expense Item

Total Income*

Total Expenditures*

*(year-to-date through the most recent month and most recent fiscal year)

13. Name of program for which you are requesting funding:

14. Amount of grant funds being requested:

15. Attach a one-page (or more if necessary) description or summary of the proposed program. Indicate the year to be initiated, the overall health care objectives of the program, areas and number of people served, number of volunteers and paid staff involved and services to be rendered. State why this program should receive a grant and how the funds would be used.

16. List or attach a list of any known relationships with the Burbank HealthCare Foundation such as common directors, trustees, officers or major contributors.

Organization

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17. Please list any grants received from the Burbank HealthCare Foundation in the last five years:

Year:	Amount:
Year:	Amount:
Year:	Amount:
Year:	Amount:
Year:	Amount:

18. If your funding request to Burbank HealthCare Foundation does not cover 100% of the program costs, please provide a list of other sources from which funds are being sought for this program and the amounts being requested. Describe contingency plans if other anticipated finding sources are not realized.

19. Please sign and date this application.

“We, the undersigned, certify that the information submitted in the grant application is true and correct.”

Senior Staff
Executive: *signature* _____

Name:

Staff Title:

Telephone:

Date: _____

Senior Volunteer
Executive: *signature* _____

Name:

Volunteer Title:

Employer: *if applicable*

Title:

Address:

City:

Zip Code:

Telephone:

Date: _____

Return this application to:

Burbank HEALTHCARE FOUNDATION

200 W. Magnolia Blvd., Burbank, California 91502

*If you have any questions, please call 818.559.2423
or email: info@burbankhcf.org*

Organization

Grant Application Checklist

- Completed Application Form
- 501 (c) (3) or IRS letter
- Program Description
- Program Budget
- Organization's Brochure (if available)
- Board of Directors List



The Health of our Community is our Business

Tel: 818.559.2423 Fax: 818.559.2427 email: info@burbankhcf.org
200 W. Magnolia Blvd., Burbank, California 91502

www.burbankhcf.org