



grant application

1. Organization _____

Proposed program (if different) _____

2. Mailing address _____

street

city

state

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 and IRS 990.

Tax Identification # _____

11. Please provide financial statements from most recent fiscal year. Audited financial statements preferred. Provide name and address of audit firm (if applicable).

12. Financial information of previous year. Indicate year		Enter % of Total Income for each Expense Item	
Income		Expenditures	
Dues	<hr/>	Administrative Expenses	<hr/>
Fundraising Income	<hr/>	Community Service Expenses	<hr/>
Foundation Grants	<hr/>	Fundraising Expenses	<hr/>
United Way Funding	<hr/>	Other Expenses	<hr/>
Government Funding	<hr/>		<hr/>
Other Income	<hr/>		<hr/>
	<hr/>		<hr/>
	<hr/>		<hr/>
Total Income*	<hr/>	Total Expenditures*	<hr/>

*(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 to be served, number of volunteers and paid staff involved and service to be rendered and a program budget. State why this program should receive a grant and how the funds would be used.

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

17. Please list any grants received from 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 funding 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 _____
please print

Staff Title _____

Telephone _____

Date _____

Senior Volunteer Executive _____
signature

Name _____
please print

Volunteer Title _____

Employer _____
if applicable

Title _____

Address _____

City _____

Zip Code _____

Telephone _____

Date _____

Organization _____

Grant Application Checklist

- Completed Application Form
- 501 (c)(3) or IRS letter
- IRS Form 990
- Program Description
- Program Budget
- Organization's Brochure (if available)
- Board of Directors List
- List of other sources from which funds are being sought for this program and amounts requested
- Statement describing any known relationship(s) with the Burbank HealthCare Foundation such as common directors, trustees, officers or major contributors
- Financial statements from the organization's most recent financial year. Audited financial statements if available.

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*