



McKeesport Hospital Foundation

GRANT APPLICATION FORM

(Please type or print clearly)

Organization Name: _____ Date of Application: _____

Affiliate Organization: *(if applicable)* _____

Address of Organization: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

Date Founded: _____ EIN Number: _____ Operating Budget: _____

Executive Director: _____ Telephone: _____

(List Contact Person/Title if different from Executive Director)

BRIEF DESCRIPTION OF REQUEST

Program/Project Name: _____

Type of Request: [] New Program/Project [] Ongoing Program/Project [] Other *(please explain)*

Program/Project Description/Purpose: _____

Program/Project Director/Coordinator: _____

Project Dates: *(Begin)* _____ *(End)* _____

PROJECT COSTS/AMOUNT OF REQUEST

Amount Requested: _____ Total Project Cost: _____

(Project Budget must be included as separate attachment)

Geographic Area/s Served: _____



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REQUIRED DOCUMENTS (Checklist)

- Program/Project Proposal (limit to 2 pages)
- Program/Project Budget (limit to 1 page – attach to 2-page proposal)
- Copy of IRS 501 (c) (3) Tax-Exemption Certificate
- Financial Statements (current)
- Mission Statement
- Board of Directors' List
- Amounts Requested from Other Funding Sources
(Include Letters of Project Support, if applicable)

Submit Proposal and Attachments to:

Board of Directors
McKeesport Hospital Foundation
c/o Eliana Latterman
Director, Development
1500 Fifth Avenue
McKeesport, PA 15132
Telephone: (412) 664-2590
Email: latterman2@upmc.edu

(Application will be rejected for failure to provide complete and accurate information)