

GCHF “Fund-A-Project” Application Form

Organization Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Contact Name/Project Manager: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Grant Request Amount Requested $Click or tap here to enter text.

This request is for: [ ]  Equipment [ ]  Program/Project Title: Click or tap here to enter text.

 [ ]  Other: Click or tap here to enter text.

**Is this organization non-profit under Section 501(c)(3)?** [ ]  **Yes** [ ]  **No**

**Tax EIN#:** Click or tap here to enter text.

Please provide a brief answer to the following questions and attach a detailed narrative and budget for the program/project if needed.

1. Please describe the project(s) to be funded with the requested grant.

Click or tap here to enter text.

1. What is the specific community need being addressed with this project?

Click or tap here to enter text.

1. Please provide an estimated timeline for the project.

Click or tap here to enter text.

1. How will you evaluate the project to determine if it has met the community’s identified need?

Click or tap here to enter text.

1. How does this project support the Geary Community Healthcare Foundation Mission?

Click or tap here to enter text.

1. How will the program be funded in the future, if it continues for more than one year? (If applicable)

Click or tap here to enter text.

Digital Signature of Applicant: Click or tap here to enter text. Date: Click or tap here to enter text.

Title: Click or tap here to enter text.

***Please email this application to: Executive Director, Tracy Geisler at*** ***geislert@gchcf.org***