

Medical Alliance Foundation

GRANT APPLICATION

I. APPLICATION INFORMATION

Organization Requesting Grant _____

Project Name _____

Project Director/ Authorized Chairman _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____

Tax Status _____

Federal ID Number _____

II. PROJECT DESCRIPTION

Describe the planned project, including these facts: (a) purpose, (b) goals & objectives, (c) geographic area and target population, (d) estimated number to reach, (e) documentation showing community need and the extent of interagency cooperation, as applicable, (f) approximate dates and duration of the program, (g) evaluation process. (PLEASE LIMIT TO TWO TYPED PAGES, USING SEPARATE SHEETS.)

III. FINANCIAL INFORMATION

- A. Submit a current statement of the organization
- B. List of funding sources you have contacted and amount received at present.
- C. Amount of funds requested from Medical Alliance Foundation.
- D. Have you ever applied for a Medical Alliance Foundation Grant? Was it funded? If so, please explain in detail how the funds were used.

AN INTERVIEW MAY BE REQUESTED AFTER RECEIVING THIS APPLICATION.

PLEASE RETURN APPLICATION TO ADDRESS BELOW:

Medical Alliance Foundation
P.O. Box 4451, Greensboro, North Carolina 27404