



External Grant Application

Organization: _____ Contact : _____

Title: _____ Address: _____

Phone Number: _____ E-mail: _____

Date: _____ Grant Amount Requested: \$ _____

Please complete the questions below. Print or type clearly. If the question does not apply to your request, please reply "N/A."
Attach to your grant application the following: a 501 (c) (3) IRS letter of determination, current board of directors list, a current operations budget, and most recent audit.

1. Please provide a detailed description and purpose of the project or need.
2. How will grant funding from Floyd Memorial Foundation be utilized?
3. How will this project/equipment benefit or enhance the organization's services or mission?
4. How will this project/item improve or impact the health status for the Southern Indiana community?
5. Identify the evidence of need for this project or program.
6. If a new project, what is the timeframe of the project?
7. Can the organization provide measurable results for the project/equipment requested from grant funds received?
8. Please attach a detailed budget for the project and/or two (2) estimates for each item(s) requested. Include both the projected program budget revenues and expenses.
9. What implications will the organization encounter if grant funds are not awarded?
10. Is the organization seeking other sources of funding or support for this project/equipment? If so, please identify.

Supervisor Approval: _____ Date: _____

Date Received: _____ Grants Committee Review Date: _____ Foundation Response: _____

Date Received: _____ Date Reviewed by Foundation Grants Committee _____