

**LaFollette Medical Foundation
Grant Application Cover Sheet**

Organization Name:

Project Name:

Amount Requested:

Please attach an itemized budget for the project showing all sources of income and proposed expenditures for the project and which clearly indicates how the requested funds will be used.

Brief Description of Project (do not exceed the space provided)

Number of Persons Expected To Be Served By The Proposed Project:

Period Of Time Covered By The Grant Request:

Is This A New Project For Your Organization?: Yes No

Tax Identification Number:

Has Your Organization Received A 501(c)(3) Determination Letter?:

Date Organization Established:

If Awarded, Will This Grant Be Considered As Matching Funds For Any Other Grant? Yes No **If Yes, Please Describe:**

Contact Information:

LaFollette Medical Foundation Grant Application Narrative

1. NARRATIVE:

- Please provide a written narrative covering the points described below. The narrative, excluding attachments, should not exceed four pages. We appreciate clarity and brevity.
- Please briefly describe your organization's mission and major programs. If you have previously provided this information this calendar year in connection with another grant application, do not provide it again unless there have been significant changes.
- Describe the project for which you are seeking funding. Please cover the following:

The community health care need your project addresses

The specific services you will provide

Who in your organization will provide these services and their qualifications

Who in your organization will supervise the project and their qualifications

The target population the project will serve including age, county of residence and other relevant demographic data

The number of people you expect your project to serve directly

Your organization's specific quantifiable goals for the project for the proposed grant period (Example: "Our goal is to serve 700 meals to 75 homebound seniors during the 2017 calendar year.")

Describe how you will measure the success of the project. What data will you track and how often?

Length of the project

If the project is to be ongoing, how will it be funded in future years? Do you expect to apply to the "Foundation" for funding for this project in future years?

The names of any other organizations in your service area which provides similar services.

2. **Attachments:**

- Application cover sheet and this page
- Narrative
- Itemized budget of grant request amount
- Applicant's current IRS determination letter of 501(c)(3) status
A list of Applicant's Board members and their relevant experience
 - Attached
 - On file with LMF for organization's current fiscal year
- Most recent audited financial statements (income and balance sheet)
 - Attached
 - On file with LMF for organization's current fiscal year
- Most recent IRS Form 990 and attachments..
 - Attached
 - On file with LMF for organization's current fiscal year
- Applicant's operating budget for its current fiscal year
- Attached On file with LMF for organization's current fiscal year

Please provide one MASTER application which includes all application materials including cover sheet, narrative and all attachments.

Please provide five sets of application materials including cover sheet, narrative and budget only. Please do not permanently bind the sets. We prefer binder clips. Thank you.

**Please send all application materials to: LaFollette Medical Foundation
P O Box 128
Jacksboro, TN 37757**

Please Note: As we are trying to go to paperless meetings, we would ask you to also send these documents to our e-mail: (grants@lafollettemedicalfoundation.org).