

Sarasota Memorial Healthcare Foundation, Inc.

1515 South Osprey Ave., Suite B-4

Sarasota, FL 34239

Tel. (941) 917-1286

GRANT APPLICATION
(not for use by S.M.H. departments)

Grant # _____
(For Foundation Use)

Date of request: _____ Amount requested: \$ _____

Title of Grant Project: _____

Organization Name: _____

Mailing Address: _____

Telephone Number: _____

FAX number: _____

E-mail Address: _____

Name and Title of Person Submitting Proposal: _____

Authorized Signature: _____

Print or type name and title: _____

Brief history of your organization and its purpose:

Specific purpose of the project and how the funding will be used:

Population served by the program or project:

Expected time line for project:

Expected outcome of the project:

Have the equipment or materials already been ordered or purchased?

Amount Requested: \$ _____ **Total Project Cost:** \$ _____

Project Budget Specifics:

Do you have any other sources of funding for the project?

Has an application been made to any other outside funding source for this request?
If "yes" – when and to whom?

Your application must include a copy of your letter from the IRS certifying your organization's not-for-profit status and copies of your organization's audited financial statements for two most recent fiscal years or your organization's IRS form 990 for two most recent fiscal years.

Authorized Signature _____ Date _____

Title of person submitting the application _____

Sarasota Memorial Healthcare Foundation, Inc.

Grant Application Procedure

1. Contact the Healthcare Foundation for an initial conversation to discuss whether proposal is within the Foundation's granting guidelines.
2. Complete the application, responding fully to each section and attach backup documentation to support your request.
3. The Chief Executive Officer or other senior officer of the applying organization must approve and sign the application.
4. Verify that your organization has no other funds available for the project.
5. Include a copy of your IRS letter certifying "not-for profit" status.
6. Include copies of audited financial statements for two most recent fiscal years, or IRS form 990 for two most recent fiscal years.
7. Grants are awarded in January, March, May, September and November of each year.
8. **Application deadlines for each of the award cycles above are: November 30, January 31, March 31, July 31 and September 30**
9. The closing date for the use of funds is September 30 of the year after funding. For example, grant monies awarded in January, April, or September of 2018 must be used by September 30, 2019.
10. Please notify the Healthcare Foundation if you have unspent funds remaining from the project.
11. **Submit a follow-up report to the Healthcare Foundation within twelve months of the receipt of the grant funds, detailing the completion of the project and the impact of the project.**

Send to: Sarasota Memorial Healthcare Foundation, Inc.
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Sarasota FL 34239

Telephone: (941) 917-1286