

# CAREPOINT HEALTH FOUNDATION

## Grant Application Form

Date of Application: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

TIN: \_\_\_\_\_ - \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Contact Phone Number & Email Address: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Amount Requested: \$\_\_\_\_\_

*(If you are requesting funds to purchase equipment or other items, attach a quote or estimate.)*

For Sponsorship Requests Only, Date of Event: \_\_\_\_\_

Project Title: \_\_\_\_\_

Summary of Request: \_\_\_\_\_

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Agency Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

**Additional attachments to include with your CarePoint Health Foundation Grant Application:**

1. Narrative
  - a. Organization Background - *provide a brief summary on your organization and its purpose (200 word maximum)*
  - b. Project Description – *describe how funds will be used to improve the lives of the residents of Hudson County, NJ*
  - c. If this program receives funding from other sources, explain why additional funding is needed
2. Project/Program Budget
3. List of other funding sources for requested project
4. Most recent audited financial report Board of Directors/Advisors list
5. A copy of your IRS Determination Letter
6. Any other information you would like to be considered with the grant application

Submit your completed application and all attachments to:

CarePoint Health Foundation

Attention: Grant Application

176 Palisade Avenue

Jersey City, NJ 07306

or

carepointhealthfoundation@gmail.com

*Applications will be accepted on an ongoing basis and will be considered at quarterly board meetings. Applicants will be notified of their grant approval or denial after each board meeting.*