



Pocono Health Foundation & Rotary Club of the Smithfields Holiday Tree Lighting Grant Program

Grant Application

Use this form to apply for grants to fund programs serving Monroe County children and adolescents. The grants are funded by generous donations from the Annual Holiday Tree Lighting Program at the Pocono Medical Center. Applications will be evaluated based upon the information provided. Completeness and accuracy are important. Please type. Applicant may retype application. Additional sheets not accepted. **The Grant Application must be received by Friday, October 7, 2016.**

(*If you received a Holiday Tree Lighting Grant in 2015, please provide an update on how you utilized the grant and reached your objective on a separate sheet and attach it to the last page of the application)

Program Title: _____

Name of Applicant Organization: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ E-Mail: _____

Contact Person: _____

Program Information

Please provide a program summary. The summary should start with a brief description of the program. Describe why the program should be funded. Explain how the program fits with the grant's objectives. Explain what issues the program will address and provide a list of implementation activities, costs of those activities, responsible parties, and expected completion dates.

In addition, please provide: Proof of non-profit status, last three (3) years of financial statements with completed application. Application will not be accepted without this documentation.

[Empty rectangular box for content]

Submitted By: _____
Signature Date

Please Print Name & Title: _____

Return completed application to: Pocono Health Foundation, 206 East Brown Street,
East Stroudsburg, PA 18301 or email to: mstrunk@pmchealthsystem.org. Call: (570) 476-3629.