Grant Application

Dr. Albert Finch Children's Health Endowment Fund

Due March 31 for grants awarded in June

Grants generally range from $500 to $1,000

Name of Requesting Organization: ______________________________

Address: ______________________________

City: __________ State: __________ Zip: __________

Phone: __________ Ext: __________ Fax: __________

Email: __________

Primary contact for this grant request:

Name/Title: ______________________________

IRS Tax Status:

Organization's Legal Name: ______________________________

Tax exempt under IRS Code: _____ 501(c)3 _____ 509(a)1 _____509(a)2 _____ 509(a)3

Registration date: __________ Federal EIN: __________

Have you applied in previous years? _____ Yes _____ No

Year	Amount Requested	Amount Received

Briefly describe your organization's background and general scope of work:

Funding Subject of Grant Application (check only one):

______1. AIDS/HIV
______2. Child Welfare
______3. Diseases (specify): ____________________
______4. Family Planning
______5. Health Services
______6. Homelessness
______13. Social Services
______14. Substance Abuse
______15. Hunger & Nutrition
______16. Behavioral Health
______17. Other (specify): ____________________

Please list other sources of support and indicate status (received or pending):

Total Budget for the Project:______________________ **Request Amount:** _______________

Summary of Grant Request (must conform to space provided here):

Geographical Area Served (check one)

____ PA ____ Pike County ____ Monroe County ____ NJ ____ Other: __________________________

Total Number of Children Served:______________

Population Served:

Check one in each category

Gender

____ Female
____ Male
____ Both

Age

_____ Infants 0-2
_____ Adolescents 13-18
______ Children 3-12
______ All children 0-18

Name of Applicant:____________________________ **Request Date:**____________________________

Signature:____________________________________ **Title:**____________________________________

Send completed application to:

Pocono Health Foundation
206 East Brown Street
East Stroudsburg, PA 18301-3094
(570) 476-3530

Or fax to: (570) 476-3469