



Grant Application

Dr. Claus G. Jordan Endowment Fund
Due March 31 for grants awarded in June

Grants generally range from \$1,000 to \$3,000

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):

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. AIDS/HIV | <input type="checkbox"/> 7. Hospices | <input type="checkbox"/> 13. Social Services |
| <input type="checkbox"/> 2. Child Welfare | <input type="checkbox"/> 8. Hospitals | <input type="checkbox"/> 14. Substance Abuse |
| <input type="checkbox"/> 3. Diseases (specify):
_____ | <input type="checkbox"/> 9. Medical Ethics | <input type="checkbox"/> 15. Hunger & Nutrition |
| <input type="checkbox"/> 4. Family Planning | <input type="checkbox"/> 10. Mental Health | <input type="checkbox"/> 16. Other (specify):
_____ |
| <input type="checkbox"/> 5. Health Services | <input type="checkbox"/> 11. Nursing | |
| <input type="checkbox"/> 6. Homelessness | <input type="checkbox"/> 12. Physician Leadership | |

Total Budget for the Project: _____ **Request Amount:** _____

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

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

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

