

Project Information

BRIEF SUMMARY OF REQUEST:

Include how your request addresses health related needs of the community.

Request Narrative

Please attach a typewritten narrative (less than 5 pages in length, single spaced, size 12 font) including:

- | | |
|---|--|
| <input type="checkbox"/> Brief history & purpose of your organization | <input type="checkbox"/> Project goals & objectives |
| <input type="checkbox"/> Description of your mission | <input type="checkbox"/> Project dates/timeline |
| <input type="checkbox"/> Project description | <input type="checkbox"/> Project impact on community |
| <input type="checkbox"/> Evidence of need | <input type="checkbox"/> Project evaluation process |
| <input type="checkbox"/> Geographic area served | <input type="checkbox"/> Amount requested |
| <input type="checkbox"/> Population served | <input type="checkbox"/> Other sources of funding |
| <input type="checkbox"/> List past OCHF support & how funds were utilized | <input type="checkbox"/> Sources of on-going support |

Enclosures

Please enclose the following:

- List of Board of Directors and their affiliations
- Copy of IRS 501(c)(3) letter of determination or other documentation qualifying your tax exempt status.
- A copy of your most recent audited financials
- Recent year to date financial statements
- Organizational budget including revenue sources & expenses
- Project budget

Authorization

Name and title of person authorized to sign for organization:

Name

Title