

## **Grant Application**

Please email completed applications to grants@aultman.com

Organization Name:
EIN:
Address:
Mission Statement:
<b>Primary Grant Contact Informat</b>

Organizational Information

### cion

Name: Title: Phone: Email:

### Grant Project Details

- 1. Request Amount: \$
- 2. Project Goal:

3. Provide a project description, including target population and estimated number of individuals to be served.



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4.	Explain how the project addresses the priority health need(s).			
5.	Describe partner organizations, community collaborators, and/or funders for this project.			
6.	Which counties will be served by the grant project?			



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### 7. Grant Project Budget

Grant Item Description	Unit Cost & Quantity	Grant Request	Total Project Cost

## Required Attachments

IRS 501(c)(3) Determination Letter

**Board of Directors List** 

Current Organizational Budget

Audited Financials or 990