SCOTLAND MEMORIAL
FOUNDATION
An affiliate of Scotland Health Care System

External Grant Application

Vision

The communities served by Scotland Health Care System will experience better health because of the efforts of Scotland Memorial Foundation.

Mission

Through philanthropy, Scotland Memorial Foundation will provide resources and build relationships to support Scotland Health Care System and improve regional community health.

Submission Date_____

Organization Name _____

Tax Exempt Status _____ Tax ID Number _____

Contact Name _____ Phone Number _____

Email _____ Amount Requested $ _____

Organization Mission Statement _____

_____

Focus Area (check one)

☐ Mental Health ☐ Wellness/Prevention ☐ Health Education ☐ Nutrition ☐ Community Services

☐ Other (please specifiy – must be health related)_____

List Zip Code(s) to be served by this project _____

_____

Is this the first time you have applied for a grant from Scotland Memorial Foundation? ☐ Yes ☐ No

Have you previously been awarded a grant by Scotland Memorial Foundation? ☐ Yes ☐ No

If "yes", what was the last year a grant was issued? _____

Was a final report submitted at the close of the project ☐ yes ☐ no

If no, explain _____

_____

Required Documentation*

*Narrative: Attach the following (limit 5 pages)

1. Describe your project, its goals and objectives, and detailed project timeline.
2. How does your project fit Scotland Memorial Foundation's mission?
3. How will you use the requested funds?
4. List other funding sources.
5. How will Scotland Memorial Foundation be recognized?
6. How did you learn about Scotland Memorial Foundation?

*Other Attachments:

1. Detailed project budget.
2. At least 1 letter of support.
3. List board of directors and officers (if applicable).
4. Copy of IRS Determination Letter.
5. Organization Financials – most recent FY

_____ _____

Project Manager - Signature | Project Manager - Printed Name

_____ _____

Executive Officer - Signature | Executive Officer - Printed Name

_____ _____

SHCS Executive Representative - Signature | SHCS Executive Representative - Printed Name