

Community Health Foundation of Ponca City

Organization Name: _____

Organization Mailing Address: _____

Contact Person & Title: _____

Phone Number: _____ Website: _____

E-mail address: _____

Tax ID/EIN Number: _____ Please provide a copy of your IRS designation letter showing you are a 501(c)3

Does your organization have an annual outside audit? ☐ Yes ☐ No

Organization's Mission Statement: _____

Funds are being requested for (check one or more that best fits your funding request):

☐ General ☐ Operating Support ☐ Start-up costs ☐ Capital

☐ Program/project support ☐ Technical Assistance ☐ Other (please specify): _____

Project dates: _____

Dollar amount requested: _____

Total program or project budget (attach copy): _____

Signature of chief staff person and officer of the Board of Directors:

Chief Staff Person: _____ Board of Directors: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Title: _____ Title: _____

Date: _____ Date: _____

Please attach a document answering the following questions:

1. Please provide a summary of your program or project. Please list your goals and expected outcomes along with the number of people who will benefit from the program and the expected benefits.
2. Please explain how your program supports the Community Health Foundation's mission of improving the health of Kay County.
3. Describe your organization, the services it provides, and the population it serves.
4. Do you anticipate this request being a one-time request or do you anticipate needing ongoing funding beyond the initial project dates and why?
5. Have you requested funding from other organizations for this same project? If so, from whom and have you received the funding?
6. Do you have a plan in place for your organization or project to become self-funding? If so, please describe that plan.
7. Have you requested funds from the Community Health Foundation in the past? If so, did you receive that funding? Please list the date the funds were received and the purpose.