



The Healthcare Foundation of Highland Park

Application for Community Grant - 2021

Organization Name _____

Street Address _____

City, State, Zip _____

Phone Number _____ Fax Number _____

Tax Identification Number _____

Contact Name _____

Phone (if different) _____ Fax (if different) _____

Email Address _____

Grant Amount Requested _____

The specific project(s) to be funded with the requested grant _____

Please attach a detailed narrative of the program / project, covering the following topics:

1. Specific community need to be addressed.
2. How will you fulfill this need?
3. Who will be providing the services?
4. Where and when will the services be provided?
5. Who will be administering the project?
6. How will you evaluate the project to determine if it has met the community need identified (be specific)?
7. How long do you expect the program to last?
8. How will it be funded in the future (if it will continue for more than one year)?

Please also enclose the following items:

- Copy of 501(c) (3) determination letter.
- Audited financial statements for the most recently completed fiscal year. If an audit was not done, attach unaudited financial statements.
- Form 990 for the last fiscal year. If there is no Form 990, attach Form AG990-IL, Illinois Charitable Organization Annual Report.
- Budget for current fiscal year and a list of the sources of revenue for the organization.
- Detailed budget for this grant project including other sources of revenue.

Signature of Applicant _____

Title _____ Date _____

Email this application and the attachments to: healthcarefoundationhp@gmail.com