



The Healthcare Foundation of Highland Park

Application for 2024 Grant

Organization Name

Street Address, City, State, Zip

Address of program site , if different

Phone Number

Tax Identification No.

Contact Name

Phone (if different)

Email Address

Grant Amount Requested

Please provide a brief answer to the following questions and attach a detailed narrative of the program / project.

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

2. Specific community need to be addressed.

3. Brief program summary.

4. Who will be providing and administering the services?

5. Where and when will the services be provided?

6. Referring to the zone map on the Guidelines page, please indicate in number and percentage of the overall program and the overall organization, the participants served by the specific program who live in the geographic service area of Highland Park Hospital. In which Zone do they reside?

7. How will you evaluate the project to determine if it has met the community need identified? Please be specific. You will need to provide data that demonstrates results for the target population served.

8. Please provide a precise time frame for program.

9. How will the program be funded in the future, if it will continue for more than one year?

Please include the following items with the application:

- 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 by August 1st to: healthcarefoundationhp@gmail.com