



Charitable Grants

Grant Request Form

I. Organization: _____

Address: _____

Phone: () _____ Fax: () _____

E-mail address: _____

Web site: _____

Chief Executive Officer: _____

Grant Requestor/Name & Title: _____

(If different than Chief Executive Officer)

Federal ID #: _____

Tax status (check one): 501(c) (3) 509(a) (1) Foreign Charity

Mission Statement: _____

Geographical Area Served: _____

II. Provide a brief summary of the Program/project for which you are seeking funding: _____



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Amount requested: \$ _____

Past APPNA Grant Recipient: Yes No

Other sources solicited: _____

Area of Focus:

Healthcare
Public Health
Other

Research
Economic Empowerment

Education
Community Service

Fund Category: General Disaster Relief Research
 Earmarked (specify) _____

III. After reading the Giving Guidelines, please submit the following:

- Organization's mission statement
- Grant Request Letter and a proposal summary no more than six pages
- Copy of organization's 501(c)(3) exemption letter
- Certificate of Incorporation (for foreign NGOs)
- Recent annual statement of revenue and expenses
- List of Board members and affiliations
- List of projects undertaken/ completed in past two years

Please do not submit binders or video tapes.

IV. Please complete the following (check all applicable).

This organization:

_____ Promotes Scientific Research in the field of medicine

_____ Provides free/ affordable healthcare for low- to moderate-income individuals

_____ Promotes Scientific Research in the field of medicine

_____ Provides disaster/ medical relief

_____ Provides social services targeted to vulnerable individuals/ under-served communities

_____ Provides economic development by financing small businesses

_____ Provides education for under-privileged children/ women

_____ Promotes advocacy/ policy issues

_____ None of the above applies to this organization (*NOTE: your request will not be dismissed if you check this line*).



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V. In order to allow for compliance with the Federal and State laws, APPNA requires all recipients to sign the following statement,

We, _____(the GRANTEE) hereby state that;

- The information provided by the GRANTEE to **APPNA (the GRANTOR)** is true.
- The GRANTEE will use the funds solely for the purpose granted for. In case subject project is lapsed, the funds will be reimbursed to the GRANTOR.
- The GRANTEE will ensure the lawful and appropriate utilization of the funds granted in good faith. The GRANTOR will not be liable for any form of misuse or abuse of the funds.
- The GRANTEE will provide quarterly progress reports to the GRANTOR and facilitate site visits/ audit where and when deem necessary.
- The GRANTEE will duly acknowledge contribution of the GRANTOR on-site as well as off-site, in the official newsletters, annual report, official website, etc.

Authorized Signature Date

Print Name and Organization Phone Number

<i>For Official Use Only:</i>			
<i>Application Received On:</i>	_____		
<i>Referred to:</i>	SW&DR	RESA	Other _____
<i>Grant:</i>	Declined	Approved	Amount _____
<i>ED:</i>	_____	<i>CC:</i>	_____ <i>EC:</i> _____



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Approvals:

Research Dean/Consortia Director: _____ Date*

[Research Dean/Consortia Director of the college/unit making this request; this signature ensures that matching funds for the other colleges/units/departments have been approved.]

Vice President for Research: _____ Date

[University matching funds commitment is approved conditional upon receipt of the award.]

*University matching funds commitment expires 12 months from the date of this signature.

Requests for cost share renewals will be considered.

Check List:

- Form completed
- Signature secured
- Proposal budgets attached

Post-Award Information: When a project is awarded, forward copies of the sponsor's agreement, and the approved matching funds form to 402 Old Main, fax number 814-863-1958, and 304 Old Main, fax number 814-863-9659.

When a project is not awarded, send a copy of the approved form with a note indicating that the project was not awarded to 402 Old Main and 304 Old Main.

Revisions: If a project is awarded with a revised budget, re-submit the original, approved form, mark the revisions on the form, write "revised" in the upper right-hand corner of the first page, and forward the form to 304 Old Main.

FOR USE BY THE PROVOST'S AND VPR'S OFFICES

Date Project Funded:

Total Award Amount: Award Amount Per Year:

Notes:

Rejected Projects:

Date Project Rejected:

Notes:

083002