

**OTTAUQUECHEE HEALTH FOUNDATION  
ORGANIZATIONAL GRANT APPLICATION  
P.O. BOX 784  
WOODSTOCK, VT 05091**

Date: \_\_\_\_\_

**ORGANIZATION:**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

EIN#: \_\_\_\_\_

**REQUEST:**

Purpose of the Grant Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of People to be Benefited: \_\_\_\_\_

Geographic Location of People to be Benefited: \_\_\_\_\_  
\_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

**FINANCIAL INFORMATION:**

Grant Request Amount: \$ \_\_\_\_\_

Other Funding Sources for Project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Please attach:

- Proposed budget for the project
- Most recent financial statement