



Superior Health Foundation Mini-Grant Application

Amount Requested _____ Date Needed _____ Expected Completion Date _____

Name of Organization _____

Contact Name _____ Phone Number _____

Mailing Address _____

E-mail _____

Attachments:

- Brief description of the organization
- Brief description of the project
- How the funds will be used
- Letter of intent from other businesses, groups, or individuals who will donate to the project

I hereby agree that the grant funds will be used solely for the purpose described. I also agree that a final report will be provided to the Superior Health Foundation describing the results of the project within two months of the completion date listed above. I understand that failure to submit a final report could result in denial of future mini-grant requests.

Signature Date

Sponsor Information (If applicant is a student)

Contact Name _____ E-mail _____

Mailing Address _____

E-mail _____

Signature Date

Internal Use	Only	Check Number/Date
Received	Date _____	Approved <input type="checkbox"/> _____
Presented	_____	Reason for Denial _____
Report	_____	Denied <input type="checkbox"/> _____