



Superior Health Foundation Grant Application

Organization: _____ Tax I.D. #: _____

Street Address: _____

Mailing Address: _____

Contact Person: _____ Phone: _____ Fax: _____

Title: _____ Email: _____ Website: _____

Project Summary:

The Project was approved by your governing organization on _____
Date

If you are submitting more than one grant in this grant application deadline, please prioritize. _____

United Way/Other Financial Support for Your Agency: _____ Yes _____ No If so, how much? _____

Project Starting Date: _____ Project Completion Date: _____

Total Project Budget (detail attached): \$ _____

Annual Agency Budget: \$ _____

Amount Requested from Foundation: \$ _____

Name of Fiscal Agent Organization: _____
(If applicable)*

Date your last audit/financial examination was performed: _____

Office Use Only Below This Line

APPROVAL OF CHIEF EXECUTIVE OFFICER/BOARD CHAIR

The organization named above will act as a responsible agent for any funds that might be received and will comply with applicable tax laws, regulations, and Superior Health Foundation policies. We understand that Superior Health Foundation grants require periodic program and financial reports from grant recipients and may request the opportunity to visit our programs for purposes of project evaluation before awarding a grant or after a grant has been made.

(Signature of chief executive officer/applicant organization)

(Print chief executive officer/applicant organization)

(Signature of Board Chair)

(Print Board Chair)

Internal Use Only

Received _____
Date

Presented _____

Report _____

Approved

Denied

Check Number/Date

Reason for Denial

Superior Health Foundation

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