

# Pediatric Foundation of Georgia

1330 W. Peachtree St., NW, Ste. 500

Atlanta, GA 30309-2904

404-876-7535

## Grant Application Form

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Board President/Chair: \_\_\_\_\_

Amount of Request: \_\_\_\_\_ Total Project Budget: \_\_\_\_\_

Organization's Total Annual Operating Budget: \_\_\_\_\_

Mission Statement of applying organization:

Description of the project for which funds are being requested in one or two paragraphs:

Describe the target population that you plan to serve with the project:

List the partners and briefly describe their responsibilities and contributions to the project:

What are the three outcomes you expect to occur during the grant period as a result of the services of your program? Briefly describe the method you will use to measure each outcome:

Outcome 1:

Measurement tool 1:

Outcome 2:

Measurement tool 2:

Outcome 3:

Measurement tool 3: