

# Pediatric Foundation of Georgia

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

Atlanta, GA 30309-2904

404-881-5091

## Grant Application Form

*Note: Grant requests are considered in June and in October. Applications must be received at least 45 days prior to Foundation board meetings.*

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

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

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

\_\_\_\_\_

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

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

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

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

Medical Director (if applicable) \_\_\_\_\_

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

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

Mission Statement of applying organization (1-2 sentences):

Description of the project for which funds are being requested: (50 word maximum)

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

What are 1 or 2 outcomes you expect to occur during the grant period as a result of the services of your program?

Is there a pediatrician or pediatric subspecialist directly involved in your project?

Yes     No

If yes, please name them and describe their role; and **attach a letter of support from them.**

Add any other comments you believe relevant to your application:

Thank you.

*Revised 7/14*