

- A. GRANT APPLICATION OVERVIEW:** Complete, sign, and submit the attached form.
- B. COVER LETTER:** One page introduction tailored to address the interests and specific priorities of the COPIC Medical Foundation and amount requested.
- C. PROGRAM/PROJECT BUDGET:** (use attached form)
- D. NARRATIVE:** Preferred length not to exceed three pages.
Include the following information:
- a. ***Purpose of Grant***
Please include the following:
 - i. Brief statement of the issue to be addressed; description of constituency served (include number served); target population; how will they benefit?
 - ii. Description of goals and objectives for the purpose of the grant;
 - iii. Description of activities planned to accomplish these goals and timeline for implementation;
 - iv. Timetable for implementation (if for a specific program);
 - v. Other organizations, if any, participating in the activity;
 - vi. Long term sources/strategies for funding at the end of the grant period.
 - b. ***Organization Information***
Please include the following:
 - i. Mission statement, brief statement of organization's goals and/or objectives;
 - ii. Brief summary of organization's history;
 - iii. Description of current programs, activities and accomplishments.
 - c. ***Evaluation***
Please discuss:
 - i. Expected results during the funding period;
 - ii. How you will define and measure success;
 - iii. How will the project's results be used and/or disseminated?
 - iv. If approved, please list how COPIC Medical Foundation will be recognized as a funder.
- E. ATTACHMENTS:** Please attach the following:
- a. Board of Directors
 - b. List of names and qualifications of key staff;
 - c. List of major contributors (and amounts) to organization/program (if applicable);
 - d. List of volunteer involvement and in-kind contributions.
 - e. A copy of organization's (or fiduciary organization's) IRS determination letter indicating 501(c)(3) exempt status (dated within the last ten years);
(Please note: the name that appears on the 501(c)(3) MUST MATCH the name that appears on the check if your grant is funded.)
 - f. Antidiscrimination statement adopted by board;
 - g. Current organization budget;
 - h. Most recent fiscal year-end financial statements (audited if available);
 - i. Annual report (if available);

Please submit as one PDF document to lsidener@copic.com

GRANT APPLICATION OVERVIEW

Applicant: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Executive Director: _____

Contact Person (if different from Executive Director):

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

COPIC Medical Foundation Area of Funding:

- Education and training of health care professionals in areas that improve patient safety and outcomes
- Development, implementation, or changes in health care-related systems, tools and processes that improve outcomes
- Pilot program designed to improve the delivery of medicine

Name of program/initiative to be funded and brief description of request:

Organization budget: _____ **Fiscal year:** _____

Program budget: _____ **Funding timeline:** _____

Amount of request: _____ **Geographic area/population served:** _____

*I acknowledge that grant funds may only be used for the purposes stated in this grant application.
Any modifications need to be submitted in writing and approved by the COPIC Medical Foundation.*

Signature, President, Board of Directors

Date

Signature, Executive Director

Date

If above organization is not designated as a 501(c)(3) organization, please fill out the following fiduciary information:
Name of 501(c)(3) organization (acting as fiduciary for grant) as recognized by the IRS, include 501(c)(3):

Address: _____

Signature, President, Board of Directors

Date

PROGRAM/PROJECT BUDGET

Organization Name: _____

Program Name: _____

Program Costs:

please note: COPIC Medical Foundation does not provide general operating support

Consultant or Staff?	Scope of Work	Hours/Rate	Cost
			\$
			\$
			\$
			\$

Other Costs (please describe):	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Subtotal:	\$
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Indirect Costs (not to exceed 10% of direct program costs):	\$
Fiscal Sponsor Fee (not to exceed 10% and is capped at \$5,000):	\$

TOTAL GRANT REQUEST	\$
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If applicable, please describe any in-kind support:	