

**Sinai Medical Staff Foundation**  
**“Initial Grant Application”**  
**Cover Sheet**

Date of Application: \_\_\_\_\_

Name of organization applying: \_\_\_\_\_

Year Founded: \_\_\_\_\_ Current Operating Budget: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

List any previous support from the Sinai Medical Staff Foundation in the last 5 years:

\_\_\_\_\_

Proposed Project Name: \_\_\_\_\_

Check Program Area the project addresses (check one):

1. Education, Prevention, Access to Treatment \_\_\_\_\_
2. Clinical Medical Research \_\_\_\_\_
3. Equipment and Supplies \_\_\_\_\_
4. Enhance Health Literacy \_\_\_\_\_

Project Summary (please use attached narrative description): \_\_\_\_\_

Projected Start Date: \_\_\_\_\_

Total Request: \$ \_\_\_\_ Number of years: \_\_\_\_\_

Total Annual Project Cost: Year1: \$ \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

\_\_\_\_\_  
*Signature, Chairperson, Board of Directors*                      *Date*

\_\_\_\_\_  
*Typed Name and Title*

\_\_\_\_\_  
*Signature, CEO*    *Date*

*Typed Name and Title* \_\_\_\_\_

## Initial Grant Application Procedures

- I. Please complete the Cover Page, indicating the SMSF Program Area which your organization's request aligns with: (Access to Medical /Health Education, Medical Research, or Community Health/Patient Support), and have it signed by the organization's chief professional and chief volunteer officer.
- II. Please submit a narrative of **no more than 2 pages**, which concisely states:
  - a. A description of the applicant's organization, its mission, the target population and number of people it serves annually and its annual operating budget;
  - b. The purpose and amount of the applicant's grant request;
  - c. The need that the proposed project will address;
  - d. The services to be provided, or activities to be performed, which address that need; and
  - e. The outcome or benefits that the project is attempting to achieve

The following attachments should accompany the Executive Summary narrative

- a. A copy of the organization's IRS determination letter verifying Section 501 © (3) (or other qualified tax-exempt status, if applicable).
- b. Most recent organization brochure and / or annual report

Submit Grant Cover Sheet, Narrative, and Attachments:

Electronically to Howard Neistein, c/o Jewish Federation of Metropolitan Detroit at [neistein@jfmd.org](mailto:neistein@jfmd.org).

Or by mail to JFMD at 6735 Telegraph Road, Bloomfield Hills, 48301