

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 (c)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 Debbie Burg, c/o Jewish Federation of Detroit at burg@jewishdetroit.org.

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