TRINITY HEALTH FOUNDATION
IOWA HEALTH SYSTEM

Stylin' Against Breast Cancer 2011 Grant Application

(For calendar year 2012)

SECTION 1: Agency Identification

1. **The Applicant Organization**

Name _____

Address _____

Phone Number _____

Federal Identification Number _____

Tax Exempt Org. Yes_____ No_____

This organization is physically located in the Quad Cities or within a 30 mile radius of the Quad Cities Yes_____ No_____

2. **Name of the Program for Which Funds are Being Sought**

_____

3.. **The Grant Request**

Amount Requested _____

4. **Identifying Information about the person to whom all correspondence regarding this application should be directed:**

Name _____

Phone#_____

E-mail address _____

Mailing address if different from agency address

_____

5. **Name and title of the person authorized to do business for this applicant organization**

_____ _____

(Name) **(Title)**

_____ _____

(Signature of "Authorized" Person) **(Date)**

The completed application and required attachments must be received NO LATER THAN MONDAY, OCTOBER 17, 2011. Send to Mrs. Berlinda Tyler-Jamison, President, Trinity Health Foundation – 2121 1st Street A, Moline, Ill. 61265

SECTION 2: The program for which funds are being requested

6. Please cite the **Mission** of the Applicant Organization identified in question one of this application and please note how long the organization has been in **operation**

7. Please provide the following information about the program for which a grant is being sought

   *A. The **need** that this program will or already addresses (please be specific)*

   B. The program's objectives

   C. The number and type of people i.e. the target population projected to be served by this program

   *D. Brief description of what this program will actually **do** or how the equipment will be utilized*

   E. If not addressed in your answer to question, 7D, on what will the grant actually be expended, if awarded?

SECTION 3: Recognition

8. If this grant request is approved, please describe how your organization would acknowledge Stylin' Against Breast Cancer

SECTION 4: The Budget

10. Please attach an operating budget or capital budget, if the request is for equipment

11. Please cite the percentage of the program's total expense or cost of equipment that this grant would cover, if approved

12. Please list the other sources of funds that your organization has pursued to support this program and note the outcomes of those requests

Source	Amount of Request	Result

SECTION 4: Other
If there is other information that you believe is pertinent to this request and which has not been supplied elsewhere in this application, please cite it here.

Please attach a list of your current board of directors and a copy of the IRS letter validating your organization's tax exempt status