



## Endowment Fund Grant Application

Please complete the entire application (print) and attach additional requested information. Mail the application to: High Point Medical Society, P.O. Box 5992, High Point, NC 27262

### FAXED APPLICATIONS WILL NOT BE ACCEPTED.

- Grants from the Endowment Fund are reserved for those community agencies and programs providing health related services.
- Each application is carefully reviewed by a grants committee consisting of members of the Medical Society.
- Grant requests less than \$2,000, complete sections 1 thru 5 & 9 **only**.

Name of the Organization:	
Contact Person:	
Title:	
Address:	
Telephone:	
Fax:	
Email Address:	
Chief Officer of the Board: (Name, Title)	
Project Title:	
Amount requested: (\$)	
Briefly summarize your request for Funds:	

The High Point Medical Society Endowment Fund is professionally administered  
by the High Point Community Foundation.

1. **ORGANIZATION:** What is the purpose of your organization and whom does it serve?
2. **NEED:** What is the health-related problem or opportunity this project will address?
3. **IDEA:** What is the idea behind your project?
4. **WHO:** Describe who will be served by this project.  
How many will be served? What is the geographic area served?
5. **PROGRAM OBJECTIVES:** What will this program or project specifically accomplish? (List measurable objectives, i.e. quantifiable elements that will determine whether this project is successful.)

6. **METHOD:** How do you plan to implement your idea? Describe the specific sequence of activities necessary to accomplish the program objectives (listed in #5).

7. **PERSONNEL:** Describe the organization's capacity to undertake the proposed project, including the qualifications of the personnel involved.

8. **COORDINATION:** Who else in your community is working on this problem?  
What will you do that is different or better than existing programs?  
How will you coordinate or collaborate with them? Please specify other organizations with which you have spoken regarding your project plans.

9. **OTHER FUNDS:** Who has given or pledged funds for this project?  
Where else are you seeking funds? The Grants Committee considers this question to be very critical to our process. Complete fully and accurately.

Source	Amount Committed	Amount Sought	Notification Date

Total funds committed to date \$\_\_\_\_\_ Total requests outstanding \$\_\_\_\_\_

10. **FUTURE FUNDS:** If this is an ongoing project, how will it be financed in the future?

11. **EVALUATION:** How do you plan to monitor and measure whether you are successfully meeting the project's objectives?  
(Please be specific. You may wish to refer to question #5.)

12. **OTHER:** Is there anything else you would like us to know about this project?

By signing this form, I hereby give permission for this proposal to be shared with appropriate parties.

Signature of Chief Officer of the Board:	
<i>(Name)</i>	<i>(Title)</i>

Grantees are required to submit a brief program summary within one year of the allocation, documenting:

1. How funds were used.
2. If program objectives were met.

Failure to do so will exclude this organization or agency from future grant eligibility.