

Pitt County Health Education Foundation

Guess Who's Coming To Dinner • Med-Law Classic • Reverse Raffle

Grant Application

Filing Deadline: Thursday, June 22, 2006, 5:00 p.m.

(PLEASE TYPE on this application. You may attach additional sheets if necessary.)

PLEASE NOTE: The *total* amount to be awarded for *all* approved grants combined will be less than \$75,000.)

1. Organization Name: _____

2. Organization Mailing Address: _____

3. Contact Person Name/Title: _____

4. Phone Number(s): _____ Email: _____

5. Check Should Be Made out to and mailed to: _____

6. Project Title: _____

7. Estimated number of clients to be served: _____

8. Provide a brief summary describing the specific project for which these funds will be used.

9. Amount Requested for the program: _____

(attach itemized budget and justification)

I have read the purpose, goals and objectives of the Pitt County Health Education Foundation and believe our request meets the guidelines. I certify that the information provided is correct. I agree to submit a final evaluation report describing use of funds to be received by April 30, 2007.

_____ Signature (Project Director)

_____ Print Name

_____ Telephone _____ Date

(This application must have the signature of the organization official that is authorized to sign grant proposals.)

_____ Signature _____ Title

_____ Print Name _____ Date