

Today's Date:	Decision needed by:
Organization:	Contact Name:
Address:	
Phone Number:	Email Address:
Amount Requested: \$ _____	Date contribution is needed:
Sponsoring organization is a non-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proceeds will benefit a non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name, location and date of event/activity/program:	
Community need being addressed and how will the funds be used?	
Is this funding request for issues related to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide specifics on how the funding would be used to address challenges presented by COVID-19:	
How was need determined: <i>(How will this event/activity/program improve the healthcare status, or provide for needs of the poor and vulnerable of our community?)</i>	
Target Audience: <i>(Check all that apply)</i> <input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Seniors <input type="checkbox"/> Teens <input type="checkbox"/> Infants	Objectives: <i>(What is the goal of this event/activity/program)?</i> <input type="checkbox"/> Youth At Risk (homeless youth & young adults) <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Improve Immunization Rates <input type="checkbox"/> Other
Is this event/activity/program duplicated in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a collaborative effort? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what partnerships have confirmed their participation?
Does this event/activity/program address an unmet community need? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving funding for this event/activity/program from any other organizations? If so who are they? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Organization: _____
<i>If you need more writing space, please attach your paper to this form</i>	
1.) How will the success of your program be measured?	
2.) What is the short term goal?	
3.) What is the intended outcome?	
Documentation required for consideration of funding:	
<ul style="list-style-type: none"> • W-9 Taxpayer Identification Number and Certification form • 501 (c) (3) Tax Exempt Status for 	
PLEASE SUBMIT COMPLETED FORM AND ATTACHMENTS TO: regan.philavanh@providence.org	

