

North Canton Medical Foundation Grant Proposal Checklist

- ☐ Proposal Cover Sheet and Proposal Checklist
- ☐ Proposal
 - a. Abstract (one page summary of proposal)
 - b. Organizational history including mission statement
 - c. Goals and objectives
 - d. Project timeline
 - e. Detailed project budget
 - f. Evaluation plan
- ☐ List of other requests for funding you have made to other foundations, businesses, and government, along with the requested amounts and status of these requests.
- ☐ List of Board of Directors
- ☐ Most recent audited financial statement or annual report
- ☐ Copy of IRS determination letter (if applicable)

Please keep any supplemental materials to a minimum. If you have any questions, please call North Canton Medical Foundation, at 330-433-1412.

Submitted by

Name _____
Please Print Signature

Title _____

Grant was reviewed by (Signature of applicant leadership):

Name _____
CEO or Board Chairman

Signature _____