

Vermilion Healthcare Foundation Grant Application

Grant Request

Amount requested \$ _____

This request is for: Capital Program/project title: _____
 Other _____

Organizational Information

Organization name _____

Address, city, state, zip _____

Telephone _____ Fax _____ E-mail _____

Chair of governing board _____ Telephone _____ E-mail _____

Executive director _____ Telephone _____ E-mail _____

Name/title of contact person _____ Telephone _____ E-mail _____

Is your organization tax exempt under Section 501(c)(3)? Yes No Section 170(c)(1)? Yes No

If not, do you have a fiscal agent? (please identify organization, contact person, and telephone number) _____

Primary service category of organization (check only one)

- Arts & culture Human services Education Environment
 Health Civic / economic development Other (specify) _____

Summarize the organization's mission (2-3 sentences) _____

Geographic service area(s)

- Bismarck Catlin
 Danville Georgetown
 Hoopeston Oakwood
 Rossville Westville
 Other (specify) _____

Staff composition in numbers

	Professional	Support
Paid full-time	_____	_____
Paid part-time	_____	_____
Volunteers	_____	_____
Interns	_____	_____
Other	_____	_____
Totals	_____	_____

