

The Miriam Hospital Community Affairs Grant Request Form
Check the focus area which your request will be used for:

Youth education development, grades 6-12

Health and Wellness Promotion Activities

Environmental and beautification projects benefiting the development of the community

Please write a brief cover letter requesting consideration for a Miriam Hospital Community Affairs Grant. Briefly outline the focus area for which your request will be used. Finally, state in your request letter that you will complete our evaluation form within 30 days of the conclusion of your project should your request be accepted.

Please respond to the following criteria in sequence:

1. Please summarize the mission and focus of your organization and project.
2. State the amount of the donation request.
3. Please outline the proposed use of contribution; explain the goals of your community project.
4. Include your organization's 501c (3) documentation. Include the following information where applicable;
 - Federal Tax ID Number:
 - United Way agency number
5. Please estimate the number of individuals to be served by project.
6. Please define the issues that the project will address and then provide any supporting documentation and statistics that factually demonstrate this as a measurable community need.
7. Describe how the money donated will impact the community.
8. Please outline the measurable achievements or benchmarks of your program.
9. Provide a targeted timeline for your project (Please note that all organizations requesting funding of any kind from Community Affairs Committee must fill out the request form at least 90 days prior to event, or monetary need.)
10. List by agency name any other partners in this project. Please indicate all financial and "in-kind" donations partners.
11. Briefly explain how will you promote your program to the community as well as acknowledge the funding of this grant.
12. If your request for funding is accepted, you will be required to send us an acknowledgement letter for the receipt of the funds within 30 days of receipt
15. Please include the following items with your contribution request
 - Formal proposal on organization's letterhead
 - IRS determination letter of 501 (c)(3) status
 - W9 Tax form
 - Board of Directors Listing
 - Proposed budget for project
 - Staffing needs for project

Please submit all materials to Monica Anderson, Community Liaison no later than September 8, 2008

Manderson5@lifespan.org

Or by mail:

The Miriam Hospital
164 Summit Avenue
Providence RI 02906

Note that we generally do not fund the following: Individuals, political causes or fraternal organizations, research projects, courtesy advertising, beauty or talent contests, endowments, conferences or seminars, travel expenses for agencies or individuals or programs outside of the Mt Hope or Hope neighborhoods.