

Grant Application Cover Sheet



PASSAVANT HOSPITAL
FOUNDATION

Date of Application: _____

Legal Name of Organization: _____
(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Contact Person/Title: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Project Name: _____

Purpose: _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Beginning and Ending Dates of the Project/Campaign: _____

Geographic Area to be Served: _____

Proposal Guidelines

The letter of request must contain the following information within the application:

- Completed application including cover page
- Project name and how the project relates to the services of our Hospital and improves the health of our community
- How the project addresses issues identified in the UPMC Passavant's Community Health Needs [2022-CHNA-Report-for-Allegheny-County \(upmc.com\)](#)
- How the project complements the mission and goals of Passavant Hospital Foundation <http://passavanthospitalfoundation.org/about-us/our-mission>
- Project's measurable goal(s) and method(s) of evaluation
- Description of plans to acknowledge Passavant Hospital Foundation's funding
- Ongoing financial sustainability of the project past our assistance, if applicable
- If you received a grant in the previous year, include impact results and any other details you would like

Signature: _____

_____ Date

Proposals consisting of the application and letter of request must be received by 4 pm on
Wednesday, August 23, 2023 to be considered