

Grant Application Cover Sheet 2024



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: _____ E-mail: _____

Project Name: _____

Purpose: _____

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

Beginning and Ending dates of the Project: _____

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 the hospital and improves the health & wellness of the community.
- How the project addresses issues identified in the UPMC Passavant's Community Health Needs: [UPMC Community Health Needs](#)
- 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 a previous year, include impact results.
- Proof of IRS non-profit status.
- If requesting an AED, please include your training, 911 registration and maintenance plans.

Signature & Date:

Proposals must be received by 4 pm on Wednesday, August 21, 2024 to be considered

Submit proposal to: Savannahar@upmc.edu or Kaibn@upmc.edu