



GRANT PROPOSAL COVER SHEET 2008-09

Please complete this form and attach it to your grant proposal.

Organization Name:

Corporate name on IRS Tax Exemption Letter:

(Attach a copy of the organization's IRS form 501(c)(3) determination letter to this Cover Sheet)

Amount of Grant Requested: \$_____

Project Budget \$_____ Organization's Annual Budget \$_____

Identification of the proposed project in 50 words or less, summarizing the program/project and how it meets the Hospice Foundation's mission and how a Hospice Foundation grant will be applied:

Contact's Name:

Title:

Address:

Telephone No:

Fax No:

Email Address:

Website Address: