

**BERKS COUNTY COMMUNITY FOUNDATION**

**COMMUNITY GENERAL HEALTHCARE  
FUND GRANT APPLICATION**

**Please submit one copy of your completed application materials.**

**COVER SHEET**

Please complete the enclosed cover sheet for inclusion with your grant application.

**NARRATIVE**

Please submit a narrative section for your grant application. Please be thorough, but strive for brevity, using clear and direct language.

**I. ORGANIZATION/AGENCY BACKGROUND**

*Describe the work of your organization/agency, addressing the following:*

- A brief history of your organization/agency, and its current mission
- An overview of your organizational structure.
- A brief explanation of the selection process for the board of directors and a list of current directors, and their occupations.
- A brief explanation of your non-discrimination policy

**II. PROGRAM INFORMATION**

*Describe the specific program for which you are seeking funds, including the following:*

- A description of your proposal. What are the goals of the program? How will the program operate?
- Identify the health care issue/opportunity your program addresses
- A specific description of the group of people (either demographically or geographically) in Berks County who will benefit from your program.
- What are the expected outcomes for the above beneficiaries of your program?
- A description of how you intent to measure the above outcomes.
- An explanation of how this program, if successful, will continue beyond Community Foundation funding.
- A summary of the qualifications for each key staff person involved in the program.

## **ATTACHMENTS**

Please submit the following additional information as part of your grant application. **Please do not submit other supporting materials beyond those requested.**

### **I. FINANCIAL INFORMATION**

- Program line-item budget, including both revenue and expenses.
- How the program for continuation, as outlined in the narrative, will be supported.
- A copy of your organization's current annual operating budget.
- A copy of the most recently completed fiscal year audit or compilation.
- A copy of the IRS determination letter, if applicable. If your organization does not hold an IRS determination letter, explain the organization's tax status.

**For further information or questions, contact Richard Mappin, Vice President of Grantmaking:  
Berks County Community Foundation  
501 Washington St., 8<sup>th</sup> Floor  
P.O. Box 212, Reading, Pa 19603-0212  
(610) 685-2227  
[richardm@bccf.org](mailto:richardm@bccf.org)  
Deadline: Postmarked by September 29, 2008**