



COMMUNITY GRANT FUNDING FOR FISCAL YEAR 2016/2017

Overview:

The Sun Coast Osteopathic Foundation is an independent, 501(c)3 non-profit public organization with a mission to improve the health and quality of life in Largo and surrounding communities. Our emphasis on health education, disease prevention, research, and service is consistent with the organization's Osteopathic heritage, which took root at Sun Coast Hospital in Largo half a century ago.

Application Requirements and Documents:

- Applicants must provide service in Pinellas County, specific consideration given to those organizations serving mid-county, but all are encouraged to apply
- Grant Application (please limit to 4 pages)
- Cover letter with any additional details not addressed in the application
- Copy of IRS 501(c)(3) Determination letter
- Most recent financial statements
- Current list of Board of Directors/Trustees
- Please feel free to include marketing materials or testimonials from those served (kindly limit to three documents)
- Applicants must agree to provide two summary reports- 1- six months into the program and 2- at the conclusion of the grant period

Timeline:

Grants are awarded once a year and funds are distributed during the second quarter of the calendar year. We ask that you submit your proposal by March 31, 2017.

Ineligible Requests:

Sun Coast Osteopathic Foundation does not generally grant funds for the following:

- Annual appeals or membership drives
- Endowment funds
- Organizations not classified as tax exempt by the IRS
- Incomplete proposals
- Capital Campaigns
- Hospital Foundations
- Fundraising events
- Advertising requests

Submission:

Please mail your original application along with 7 copies, including additional materials to: Sun Coast Osteopathic Foundation, 2101 Indian Rocks Road, Suite A, Largo, FL 33774. Please refer to our website, www.suncoastosteopathic.org for additional information or contact us at admin@suncoastosteopathic.org or 727-483-0661



Community Grant Request Application

Organizational Information

Applicant Organization (Legal Name): _____

Doing Business As: _____

Previous Name, if changed: _____

Street Address: _____

Telephone: (_____) _____ FAX: (_____) _____

E-mail: _____ Web Site: _____

Date of Incorporation: ____ / ____ / ____ Tax ID# (EIN): _____

Executive Director: _____ Direct phone: (____) _____

Organization's Budget: Revenue - \$ _____ Expenses - \$ _____

Organization's Endowment Size: \$ _____ # staff: Full-time: _____ Part-time: _____

Description of Organization & Activities: _____

Organization's Mission Statement: _____

Organization's Geographic Focus: _____

Program/Project Information Related to this Grant Application/Request:

Program/Project Title: _____

Amount of this request: \$_____ Total Project/Program Budget: \$_____

Date funding decision is requested/needed: ____ / ____ / ____

Program/Project Time period: _____

Anticipated Date of Completion: ____ / ____ / ____

Grant Request contact person: _____ Title: _____

Telephone: (____) _____ E-mail: _____

Brief description of the Program/Project: _____

Brief demographic description of who will benefit from the Program/Project, including the number of people who will be impacted and/or affected: _____

Type of Grant Request: (check all that apply)

- One-time Program/Project Start-up Annual/Recurring Operating

List other sources of funding that you are seeking for this Program/Project:

Name	Amount	Status (to be submitted, pending, received)
	\$	
	\$	
	\$	

The undersigned hereby certify that the information contained in this grant application/Request is correct to the best of our knowledge. We understand that our acceptance of a grant requires our submission of the Foundation's Grant Evaluation Form upon completion of the program or project.

_____/_____/_____
Signature of Executive Director Date _____/_____/_____
Signature of Board President Date