

# Proposal Cover Sheet

## Fall 2017 (10/1/17 – 9/30/18)



Directions for Completing this Form:

1. Please fill out and attach to online application.
2. Complete questions located on our web site for Proposal application.
3. Attach completed cover sheet with the online Proposal application and attach to online application.

**Legal Name of Organization:**

\_\_\_\_\_  
(Name should be the same as on the IRS Determination Letter and as supplied on IRS Form 990.)

**Program Title:**

\_\_\_\_\_

**Amount requested from OHF: \$** \_\_\_\_\_

**Total Project Budget: \$** \_\_\_\_\_

**Project Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(100 Word Limit)*

**(Answer the questions on a separate document located on web site with 20 – 25 pages, double spaced total length using a 12 point font. Please carefully review ALL the questions on the Proposal Question document. It will include the following outline:**

1. Organizational History
2. Statement of Need/Target Population
3. Project Outline
4. Goals and Objectives
5. Sustainability
6. Partnerships

**Certification:** In submitting this concept, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any funds granted. This application becomes property of the Obici Healthcare Foundation. **A COMPLETE SUBMISSION MUST INCLUDE THE SIGNATURE OF THE ORGANIZATION CEO, ED OR PRESIDENT.**

\_\_\_\_\_  
Authorized Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title