

Northampton County Medical Society Alliance (NCMSA)
Grant Request Application Instructions

Utilizing these headings, please submit a typed narrative that includes:

- Name of organization
- Address of organization
- Copy of organization's IRS determination letter indicating 501(c)(3) tax-exempt status and/or EIN
- Contact Person for grant application
 1. Name
 2. Phone Number
 3. Email
- State your organization's Mission Statement and briefly describe your activities and programs, including the population that you serve.
- Describe the health or education related project for which you need monetary assistance.
 1. Describe the need for the project in the community.
 2. Describe the target population it will benefit.
- Provide a project budget.
 1. Itemize projected costs.
 2. Do not include capital expenses, building purchase or rental costs, administrative costs or salaries as these expenses will not be considered.
 3. List other grantors, if applicable, for the project.
- A timeline for completion and/or execution of the project.
 1. Please note that we expect funds to be utilized within 6 months of receipt.
 2. We respectfully request follow up notification upon completion of the project.
- An outline of plans for marketing or advertising the project, if applicable.