



Kent County Medical Society Alliance Charitable Fund

Grant Nomination Form for the Charity Ball for Children

The following information must be completed for the organization being nominated:

Date: _____

Organization Nominated: _____

Director or Contact Person: _____

Address: _____

Phone: _____ Email: _____

Year Founded: _____

Purpose of Organization: _____

How the grant will be used to benefit children: _____

Amount Requested: _____

The following information must be completed by 2 (two) members of the Kent
County Medical Society Alliance who wish to nominate the organization listed above:

1. Name of Alliance Member: _____

Address: _____

Phone: _____ Email: _____

Reason you feel the grant should be given: _____

2. Name of Alliance Member: _____

Address: _____

Phone: _____ Email: _____

Reason you feel the grant should be given: _____

Mail completed form to: KCMSA, 233 E. Fulton, Suite 222, Grand Rapids, MI 49503



Kent County Medical Society Alliance Foundation

Charitable Fund Grant Request Guidelines

In order to be considered for a KCMSA Foundation grant from the proceeds of the Charity Ball for Children, the following information is required and must be accompanied by a nomination form.

1. Background: Describe the organization's history, growth, development, leadership, and purpose.
2. Introduction: Indicate whether this is a charitable, educational, or scientific proposal, and whether money will be used for capital expenditures, new programs, one time projects, research or emergency operating fund.
3. Proposal: Explain the program for which the grant is desired, its scope of outreach, its importance to health care the THE CHILDREN of the metropolitan Grand Rapids area. It must be involved in health related activities that support the objectives of the KCMSA Alliance.
4. Conclusion: Explain the length of the program and how it will be evaluated.
5. Attach the following:
 - An operating budget
 - The name and title of the persons who will be responsible for the expenditures under this grant
 - Statement of 501c3 or equivalent to establish it as a charitable organization
 - Most recent audit or financial report
 - Organization's current budget
 - Members of the Board of Directors
 - Letter or statement of endorsement from two (2) members of the Kent County Medical Society Alliance

Please return the application to:
Kent County Medical Society Alliance
Masonic Center
233 East Fulton, Suite 222
Grand Rapids, Michigan 49503