



Kent County Medical Society Alliance Foundation

Mini-Grant Request Form

Fund Board Action

- Approved
 Disapproved

Date: ____ / ____ / ____
Date Paid: ____ / ____ / ____

Date: _____

1. Title of Project _____
_____ New Request _____ Renewal

2. Applicant:

Contact Name: _____ Phone: _____

Address: _____

Organization: _____

3. Amount Requested: \$ _____

4. Give a description of the project, its purpose and the need it addresses. Include target population and geographic area, if applicable. Include the anticipated budget.

5. Give a brief description of your organization. Please attach 501(c)3 IRS tax identification letter.

6. List the names and qualifications of the individuals who will implement this program

7. Please attach any additional information that would help our decision.