



MINI-GRANT APPLICATION

Mission Statement: Kent County Medical Society Alliance advances the well being of our county through health-related philanthropy and advocacy, and promotes camaraderie among physician families through all seasons of their lives. Our mission has benefitted members since 1932.

GUIDELINES

Thank you for your interest in our Mini-Grant Program. One of the goals of the Foundation is to promote the social welfare of the Grand Rapids community and its surrounding areas. We look for organizations that promote the science and art of medicine and/or the betterment of public health and hygiene in the community. We do this by making funding assistance available to non-profit organizations that provide for improvement to the health and well-being of West Michigan citizens. Considerations are given to requests that meet the following criteria:

- ★ Provide health education, medical services, or medical supplies.
- ★ Promote social welfare.
- ★ Demonstrate a relationship between the project/proposal & our mission.
- ★ Located in West Michigan.
- ★ Up to \$3,000.
- ★ A 501(c)3 non-profit organization.

NOTE: We do **NOT** grant funds for paid staff positions, office supplies or office equipment.

QUESTIONS

Attach typewritten answers on letterhead with this application cover sheet, also include any additional information that would aid our decision.

1. Describe the project/proposal. Include the purpose, need, target population & geographic area your organization will address with funds from this grant.
2. How does your project/proposal meet the goals of the Foundation.
3. Give a brief description of your organization.
4. Please attach 501(c)3 IRS tax identification letter.
5. List the names & qualifications of the individuals who will implement this project/proposal.
6. Attach your organization's budget for the current year.

PROCESS

The KCMSA Foundation Board of Directors consider grant requests four times a year. Applicants will be notified of decisions approximately three weeks after each deadline.

Grant Application Deadlines— August 15, October 15, February 15, & April 15.

Mail to: KCMSA Foundation, 233 East Fulton, Suite 222, Grand Rapids, MI 49503 or info@kcmsalliance.org

PROJECT/PROPOSAL TITLE

APPLICANT/ORGANIZATION

CONTACT name, phone, address

DATE ____/____/____

NEW REQUEST

RENEWAL

AMOUNT \$ _____

OFFICE USE ONLY: Tax ID #:

Foundation Board Action Date: ____/____/____

Reason for denial:

Check payable to:

Disapproved

Approved

Date Paid: ____/____/____