



KENT COUNTY
MEDICAL SOCIETY
ALLIANCE
FOUNDATION

2020 CHARITY EVENT GRANT NOMINATION FORM

This form must accompany a grant request for the Dose of Generosity Charity Event.

DATE

AMOUNT REQUESTED

ORGANIZATION

YEAR FOUNDED

CONTACT PERSON

ADDRESS

PHONE

EMAIL

PURPOSE OF ORGANIZATION:

HOW THE GRANT WE USED TO BENEFIT KENT COUNTY:

The following must be completed by two KCMSA members who wish to nominate the organization above:

ALLIANCE MEMBER (1)

PHONE

EMAIL

I agree to help with the success of the fundraising efforts.

REASON YOU FEEL THE GRANT SHOULD BE GIVEN:

ALLIANCE MEMBER (2)

PHONE

EMAIL

I agree to help with the success of the fundraising efforts.

REASON YOU FEEL THE GRANT SHOULD BE GIVEN:

OFFICE USE ONLY: Tax ID #:

Foundation Board Action Date: ____/____/____

Reason for denial:

Check payable to:

Disapproved Approved

Date Paid: ____/____/____



**KENT COUNTY
MEDICAL SOCIETY
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2020 CHARITABLE FUND REQUEST GUIDELINES

This form must accompany a Charity Event Grant Nomination Form.

OVERVIEW

Thank you for your interest in our next Dose of Generosity Charity Event, to take place in 2020. The goal of the KCMSA Foundation is to promote the health and well being of the Grand Rapids community and surrounding areas. We do this by making funding assistance available to non-profit organizations.

Consideration is 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 Kent County.
- A 501(c)3 non-profit organization.

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

PROPOSAL FORMAT

Attach typewritten answers on letterhead. Include any additional information that would aid our decision.

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 funds.
3. Request: Explain the program for which the grant is desired, its scope of outreach, its importance to families within Kent County. It must be involved in health related activities that support the objectives of the KCMS Alliance.
4. Conclusion: Explain the length of the program and how it will be evaluated.
5. Please attach the following:
 - a. The name and title of the person(s) who will be responsible for the expenditures under this grant
 - b. An operating budget for the organization
 - c. A budget for the proposed grant
 - d. The organization’s 501(c)3 IRS tax identification letter
 - e. The organization’s most recent audit or financial report
 - f. A list of the members of the Board of Directors
 - g. A completed Grant Nomination Form (attached)

Send completed application to:

Charitable Fund Chair
Kent County Medical Society Alliance
233 East Fulton Street, Suite 222
Grand Rapids, MI 49503

Or email to: charitable.fund@kcmsalliance.org

OFFICE USE ONLY: Tax ID #:

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Date Paid: ____/____/____