



**PO Box 10366  
Fort Smith, AR 72917**

### **Grant Application Cover Sheet**

Please return this completed Application for Funding cover sheet along with the full proposal that briefly describes your organization and the purpose for which funds are being requested.

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

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President/Executive Director \_\_\_\_\_

Board Chair Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Program/Project Name (if applicable) \_\_\_\_\_

Purpose of Grant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grant Period \_\_\_\_\_ to \_\_\_\_\_.

Amount Requested \$ \_\_\_\_\_ Federal ID Number \_\_\_\_\_

Project Budget \_\_\_\_\_ Organization's Total Operating Budget \_\_\_\_\_



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Is there pending litigation or filed legal liens against your organization that would affect this grant? If so, please explain:

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Please indicate the main issue area(s) this project would address:

- Access to health care by the uninsured and underinsured
- Behavioral health needs, particularly those of children and families
- Prenatal health care
- Services to children at risk
- Populations with special needs
- Wellness and prevention of illness and injury
- Healthcare career opportunities
- Other: \_\_\_\_\_

Locations(s) served:

- Crawford County, AR
- Franklin County, AR
- Logan County, AR
- Scott County, AR
- Sebastian County, AR
- LeFlore County, AR
- Sequoyah County, AR

**SIGNATURE OF SENIOR CORPORATE OFFICER:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title