

Please see the follow application.

Please also include:

Narrative on project and organization information,
Listing of current board of directors,
Current projected income & expenses,
Copy of tax exempt status letter

Healthstar Foundation Application Form

Organization name

Date

Total Proposed Project/Program Budget

Amount Requested

Duration of Project/program

When are funds needed?

Could your project proceed with partial funding?

Who would project serve

Number serve

Nature of request

Name & address of organization

Phone

Fax

Email

FEI#

Chief Staff Officer/Title

Phone

Contact Person

Phone

Chairperson

Dates of organization fiscal year

Organization total op budget for past year and current year

Does the organization have federal tax status?

An officer of the organization's governing body must sign the application:

The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this grant application is true & correct, that the Federal tax exemption determination letter attached hereto has not been revoked and the present operation of the organization and its current sources of support are not inconsistent with the organization's continuing tax exempt classification as set forth in such determination letter.

Signature

Title

Date