

Spirit of Charity Foundation

2000 Canal Street

New Orleans, LA 70112

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EXTERNAL GRANT REQUEST APPLICATION FORM

Organization: _____ Executive Director: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Project Contact Person/Title/Phone/Email (if different from above): _____

Type of Organization: _____ 501(c)(3), not a private foundation _____ Governmental Entity
_____ Private Operating Foundation _____ State College/University

Year Organization was founded: _____ Healthcare Svcs Provider

Project Title: _____

Summary of Project (limit to 400 characters): _____

Indicate Zone of Interest (Select only one):

_____ Health Care _____ Medical Research _____ Patient Education _____ Medical Equipment _____ Train the Trainer Program

Type of Support Requested:

_____ Existing Program _____ New Program _____ Planning Grant _____ Research _____ Other (describe): _____

Project Time Line: Start Date: _____ End Date: _____

Total SOCF Amount Requested Total Cost for this Project Total Organization Annual Budget

\$ _____ \$ _____ \$ _____

List Other Organizations Solicited for this Project	Amount Requested	Date Requested	Amount Approved/Received

Signature of Board Chair (or signing authority)

Signature of President/Executive Director

Print Name

Print Name

Date