



COMMUNITY PROMISE GRANT APPLICATION

CONTACT INFORMATION

Name of Organization: _____

Name of Director of Highest Ranking Staff Member: _____

Name of Board President/Chair: _____

Are you a 501(c)3 organization? _____

Contact Name: _____

Title: _____

Address: _____

Phone Number: _____

Email Address: _____

ORGANIZATION INFORMATION

Describe the mission of your organization.

Describe the history of your organization.

Year Founded: _____

Number of Employees: _____

Number of Volunteers: _____

Annual budget for your organization: _____

Has Hamot Health Foundation been involved with your organization in any way? If yes, please explain the relationship.

Identify any UPMC Hamot or Hamot Health Foundation employees who serve as volunteers or Board members of your organization.

What specifically are you requesting funding for?

Describe your audience or population who will be served or impacted.

How many will directly benefit from this project?

Which Erie Vital Signs health indicator does this program focus on and/or support?

How does this project fit into Hamot Health Foundation’s mission to support UPMC Hamot in serving our patients, our communities, and one another in the tradition of quality, health, healing, and education.?

What are the measurable results on this project?

Briefly describe your plan for evaluating its success:

List specific opportunities or ways that Hamot Health Foundation will be recognized:

List other community partners you will work with to ensure the success of this project.

Provide details about all other sources of funding you have received:

Describe your plans to sustain this project in the future:

Confirm your agreement to send a written report describing the results of the project activities including project evaluation measures to Hamot Health Foundation as requested.

Applicant Signature _____

Date _____

PLEASE ALSO INCLUDE THE FOLLOWING:
-PROJECT BUDGET
-MOST RECENT AUDITED FINANCIAL STATEMENT

APPLICATIONS CAN BE SUBMITTED TO:
Hamot Health Foundation
302 French St.
Erie, PA 16507

OR BY E-MAIL TO:
blackjl@upmc.edu

INTERNAL

Foundation Rep. Signature _____

Date Received _____