

NORCAL GROUP FOUNDATION

GRANT APPLICATION PLANNER

This form is intended for use in planning your grant application.

Online applications are available during an open grant cycle at:

norcalgroupfoundation.com

GENERAL INFORMATION

Is Your Organization an IRS 501(c)3 nonprofit? Yes No

CONTACT INFORMATION

Name

Title

Email

Phone

*As the Project Contact, do you have authority to act on behalf of the organization? Yes No

NORCAL GROUP REFERRAL SOURCE

- Insured
- Broker
- Employee

Referral Name

Referral Email

ORGANIZATION INFORMATION

Legal Name of the Organization

EIN

Address

City

State

Zip Code

Website

Social Media

Are you a Private Foundation, Public Charity, or Other? If so, please specify.

If yes, please provide a copy of your most recent IRS tax determination letter, 990, and audited financial report (if applicable).

If no, please confirm legal entity and tax status:

Please provide a list of all Directors and Officers:	
Executive Director:	
Email	Phone
Mission statement:	
Brief description of organization: <i>Please include any materials (brochures, annual reports, flyers, etc. that help describe the organization)</i>	
Geographic Area/Target Demographic	
Number of clients served by the organization annually:	Annual Budget:

GRANT INFORMATION

Grant Type Patient Care Patient Safety Physician Wellness

Program Proposal (Including Goals, Benchmarks, Program Budget and Completion Date)

Total Funds Requested:	Total Cost of Project:
<p>What is the expected impact of this program? How will you measure its success? <i>EXAMPLES: "We expect participation from 70% of primary care providers in the program. This will be measured by improved patient satisfaction surveys and a reduction in provider turnover." OR "We expect clients who attend the program will benefit from improved health outcomes and a measurable reduction in hospital re-admittance."</i></p>	
<p>Please list any other sources of funding: <i>*If there are other sources of funding, are any of the funds contingent upon receiving a grant from NORCAL?</i></p>	
<p>Are there any partners involved with this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, who are you partnering with and what is their role?</i></p>	

FINAL STEPS

ATTACHMENT CHECKLIST

- Recommendation letter from NORCAL Group Insured, Employee or Broker
- IRS Determination Letter
- IRS 990
- Audited Financial Report
- Grant Program Proposal
- Grant Program Budget

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