



Child Health Association of Sewickley Grant Request Application

1. Name of the Organization:
2. Name of the Project Funding Being Requested for:
3. Current fiscal year budget: _____/_____
4. Last fiscal year budget: _____/_____
5. Breakdown of last fiscal year income by source:
 - a. (Dollar Amount and Percentage of Total Income)
 - b. Corporations: _____
 - c. Private Foundations: _____
 - d. Government: _____
 - e. Individual Contributions: _____
 - f. Fundraising income: _____
 - g. Other: _____
6. List funding received from Child Health in the past, including the year, amount, and purpose:

7. Possible recognition of Child Health grant:

8. Projected follow-through to assure CHA of appropriate and efficient use of funding dollars:

9. Other relevant comments:

Please include the following attachments when sending your CHA Grant Application to grants@childhealthassociation.org: Audited Financial Statement, List of major sources of funding and the amounts of their funding for the prior three years, Annual budget, and Board of Directors.