



GRANT APPLICATION COVER SHEET

Request Title		
Projected Cost		\$
Funding Sources:	From Carson Foundation	\$
	From Other Committed Sources	
	Source 1: _____	\$
	Source 2: _____	\$
	Source 3: _____	\$
	Total Funding (All Sources)	\$
Organization/Department:		
Contact Person Info:	Name:	
	Title:	
	Street Address:	
	City/State:	
	Zip Code:	
	Phone:	
Date Funds Needed:		
FOR OFFICE USE ONLY:	FUND TO BE PAID FROM:	



GRANT NARRATIVE

Name:
Organization:
Address:
City/State/Zip:
Phone:
Email:
Date:

Please fill out each criteria section below.

Intro:

Program or Request Description:

Objectives:

Statement of Need and Proposed Impact on Community Health:

Target Population:

Timeline for Implementation and Results:

Methodology:

Other Information to Consider:

Conclusion:

When you have completed this form, please submit along with the Grant Application Cover Sheet, and any additional documentation to:

Shelly.Weaver@Sparrow.org, or you may mail the information to:

**Carson Foundation
Executive Director
406 E. Elm St.
Carson City, MI 48811**

If you have questions regarding your request, you may contact Shelly Weaver at 989-584-0979.