

**Foundation of the Cincinnati Academy of Medicine
Grant Application Form**

General Information

Name of Organization: _____

Street Address: _____

City, State, Zip: _____

County: _____

Phone: _____

Fax: _____

Executive Director: _____

Phone: _____

Grant Information

Program/Project Title: _____

Total Budget for Program/Project: \$ _____

Amount of Request: \$ _____

Date of Grant Application _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Financial Information

Organization's Budgeted Expenses for the Current Year: \$ _____

Organization's Actual Revenue and Expenses for the Past Two Years:

Fiscal Year: _____ Revenue \$ _____ Expenses \$ _____ Assets \$ _____

Fiscal Year: _____ Revenue \$ _____ Expenses \$ _____ Assets \$ _____