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**2020 REQUEST FOR APPLICATIONS**  
**Application Deadline: Friday, March 26, 2021**

Name of organization:

Title of program:

\_\_\_\_\_

\_\_\_\_\_

Address:

Total program budget: \$\_\_\_\_\_

Amount requested in this proposal: \$\_\_\_\_\_

\_\_\_\_\_

Tax ID #: \_\_\_\_\_

\_\_\_\_\_

Program director:

Fiscal conduit (if applicable):

Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Geographic area(s) served by this program:**

\_\_\_\_\_

**Collaborative partners (if applicable):**

\_\_\_\_\_

Has your organization ever applied to the Medical Center Neighborhood Fund? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the amount and the most recent fiscal year: \$\_\_\_\_\_ YR\_\_\_\_\_

Signature of program director:

Signature of fiscal conduit:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Year organization formed: \_\_\_\_\_ Annual operating budget: \$ \_\_\_\_\_  
Approximate population within service area \_\_\_\_\_  
Number of employed staff (Full time & Part time) \_\_\_\_\_ Number of volunteers  
\_\_\_\_\_

- I. CURRENT MAJOR SOURCES OF ORGANIZATION FUNDING. \* HAS THE COVID-19 PANDEMIC IMPACTED FUNDING? IF SO, MAKE A NOTE OF IT HERE.

Source

Annual Amount

- II. Please describe the overall purposes and general activities of your organization. Please attach organizational brochures or other supportive material such as flyers and website addresses.

Organization Name: \_\_\_\_\_

Medical Center Neighborhood Fund 2021 Application

**Title of proposed program for funding:** \_\_\_\_\_

Is the program new? or existing?      Start date: \_\_\_\_\_      End date: \_\_\_\_\_

I.      Executive Summary

Please provide a summary of the proposed program/ project.

- II.      Please provide the following information for your proposed program: (purpose of the program, importance to the community, community involvement, if any in the program, number of people who will directly benefit, staff and their responsibilities to the program)

Organization Name: \_\_\_\_\_

Medical Center Neighborhood Fund 2021 Application

# BUDGET SHEET

## I. PROPOSED PROGRAM BUDGET

A. EXPENSES	TOTAL PROGRAM BUDGET \$	TOTAL FUNDING REQUEST \$
1. Program Supplies	1.	1.
2. Equipment Rental/Purchase	2.	2.
3. Transportation	3.	3.
4. Space Rental/Platform Licensing	4.	4.
5. Advertising & Publicity	5.	5.
6. Other/ Consulting Services/ Stipend (specify)	6.	6.
<b>TOTAL EXPENSES</b>		
<b>B. PERSONNEL EXPENSES</b>		*MCNF grants cannot be used to cover or support personnel expenses
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
<b>TOTAL BUDGET (A+B)</b>		<b>MCNF Funding Request \$</b>

## II. OTHER SOURCES OF INCOME FOR PROPOSED PROGRAM

SOURCES

Organization Name: \_\_\_\_\_

Medical Center Neighborhood Fund 2021 Application

1. Corporate/Business	1.
2. Foundation	2.
3. Govt. (specify)	3.
4. Other private/individual	4.
5. Other	5.

### **Funded Program Summary Report**

(If your organization has received a Medical Center Neighborhood Fund Award in the past, kindly provide a brief summary report on the outcomes of the funded program.)

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Funded Program \_\_\_\_\_ Year Awarded: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Describe the impact the program or project had in the community, did the program meet the goals and objectives, how did the intended audience benefit, has the program changed since the pandemic as well as any setbacks, successes and lessons learned.

Organization Name: \_\_\_\_\_

Medical Center Neighborhood Fund 2021 Application