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2024 REQUEST FOR APPLICATIONS

Application Deadline: Friday, February 23, 2024

1. ORGANIZATIONAL INFORMATION

Name of organization:

Address: (If new address, click here)

Head of Organization:

Title:

Phone:

Email:

Tax ID #:

Year organization formed:

Number of employed staff (Full time):

(Part time):

Number of volunteers:

If you would be interested in having volunteers from the MCNF please check here:

2. ORGANIZATION MISSION, POPULATION SERVED, AND GEOGRAPHIC AREA SERVED

(250 words max).

Organization Name:

Medical Center Neighborhood Fund 2023 Application

3. CURRENT MAJOR SOURCES OF FUNDING FOR YOUR ORGANIZATION

Total operating budget:

Top 3 sources of funding:

Source	Annual Amount

4. PROJECT/ACTIVITY PROPOSED TO RECEIVE FUNDING

Title of project to be funded:

Amount requested in this proposal:

Is the program new or already existing ? Start date:

What is the total cost of the activity that will be funded:

If other organizations will also be supporting the costs for this same effort, please outline that support below:

Funder	Funding Amount
Total Project Cost	

Organization Name:

Medical Center Neighborhood Fund 2023 Application

If your program is currently addressing food insecurity, please respond to the following questions to provide further detail:

- a) How many clients are served total?
- b) Please share any pertinent information on client demographics that highlight your food insecurity efforts.
- c) Please share the frequency of food distribution to address insecurity (i.e., daily, weekly, monthly etc.).
- d) Are there volunteer opportunities to support your agency's food insecurity efforts?

Please describe the activity/project. Include what services are provided; any community partners; the number of people who will directly benefit; and how the project will be staffed and carried out. (500 words max)

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5. BUDGET SHEET

Please itemize Your Planned Uses of the Requested Funds.

Item	Use	\$
<i>For example: Art Supplies</i>	<i>Classroom Materials</i>	<i>\$500</i>
<i>For example: Paralegal Services</i>	<i>Process claims for clients</i>	<i>\$1000</i>

Item	Use	\$

Organization Name:

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6. USE OF PREVIOUS MCNF FUNDS

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: Year:

If yes, kindly describe the impact the program or project had on the community (250 words max). In addition, please provide 2-3 photos to show the work that the previous funding assisted with. Please note that these photos may be posted on the Columbia University Irving Medical Center and NewYork-Presbyterian Hospital websites.

Organization Name:

Medical Center Neighborhood Fund 2023 Application

7. FISCAL CONDUIT (if applicable):

Organization Name:

Address:

Phone:

Email:

8. SIGNATURES

Signature of program director:

Signature of fiscal conduit (if applicable)

Print Name:

Print Name:

Phone:

Date:

Email:

Date:

Organization Name:

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