

**2024 Request for Donations (RFD)**

Submission deadline: October 31, 2023

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| **ORGANIZATION DETAILS** |

Name: Click here to enter text.

Contact: Click here to enter text.

Address: Click here to enter text.

City, State, Zip Code: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Web Address: Click here to enter text.

Mission Statement: Click here to enter text.

[ ]  Click Here to verify that your organization is a not-for-profit 501(c)(3)

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| **DONATION REQUEST DETAILS**  |

Describe the organization/program/project you are requesting funding for:

Click here to enter text.

What community needs does the organization/program/project address?

Click here to enter text.

Does the organization/program/project serve a vulnerable population? (Low-income, seniors, children, etc.)

If so, who?

Click here to enter text.

What geographic area does your organization/program/project serve? (County, town, township, etc.)

Click here to enter text.

Do you currently partner with NCH in any way? Yes [ ]  No [ ]

If yes, how? Click here to enter text.

Is any NCH staff, physician, or board member involved in the organization/program/project?

Yes [ ]  No [ ]  If yes, who? Click here to enter text.

How many individuals do you anticipate will benefit from your organization/program/project?

Click here to enter text.

Describe the desired outcomes and how you will measure these outcomes:

Click here to enter text.

Describe how NCH will be recognized for its donation (event sponsor, website, newsletter, etc.)

Click here to enter text.

Please list all projected expenses and revenues associated with the organization/program/project

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| **Expenses/Description** | **Expenses****Amount** |  | **Revenue/Description** | **Revenue Amount** |
| Click here to enter text. | $ |  | Click here to enter text. | $ |
| Click here to enter text. | $ |  | Click here to enter text. | $ |
| Click here to enter text. | $ |  | Click here to enter text. | $ |
| Click here to enter text. | $ |  | Click here to enter text. | $ |
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| Click here to enter text. | $ |  | Click here to enter text. | $ |
| Click here to enter text. | $ |  | Click here to enter text. | $ |
| Total Expenses $ | $ |  | Total Revenue $ | $ |

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| Donation request: Click here to enter text. |
| What portion of the donation is tax deductible? Click here to enter text. |
| Make check payable to: Click here to enter text. |
| Mail check to: Click here to enter text. |
| Date needed: Click here to enter text. |

 **If you received grant funding from NCH in 2023, please complete the next section**

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| **PREVIOUS GRANT RECEIPIENTS** |
| If your organization received funding from NCH during the 2023 grant funding cycle, please describe how these funds were used, the impact it had on the community, and how NCH was recognized for the funding it provided.Click here to enter text. |