

**The Academy of Medicine of Cincinnati Foundation  
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 \$ \_\_\_\_\_