



Hillsborough County Medical Association Foundation, Inc.  
606 S. Boulevard, Tampa, FL 33606  
813/253-0471 ~ 813/253-3737 fax  
www.HCMA.net

**GRANT APPLICATION**

Name of Non-Profit Organization: \_\_\_\_\_

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

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

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

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

Name of Project for which funds are requested:

\_\_\_\_\_

Mission: \_\_\_\_\_

\_\_\_\_\_

Proposal Summary: \_\_\_\_\_

\_\_\_\_\_

How will the HCMA Foundation, Inc. be recognized as a contributor to this project?

\_\_\_\_\_

Amount Requested: \_\_\_\_\_

**Application MUST include:** Current year operating budget, documentation of status as a tax exempt non-profit, list of Board of Directors and Officers, detailed narrative describing the use of funds and other sources of funding for this project, and a brief narrative describing the mission and goals of the requesting organization.

**The HCMA Foundation, Inc. does not:** Support organizations whose chief purpose is to influence legislation, or to participate or intervene in political campaigns on behalf or against any candidate for public office, support endowments or memorials, provide capital grants, support projects in developing stages, purchase or fund memberships or subscriptions, support catalogs or publications, or purchase admission to events and/or activities.

***HCMA Foundation Grant Application Deadline: February 15th***