



**DEADLINE: SEPTEMBER 28, 2017**

**OUR MISSION: LHAS DELIVERS SUPPORT WITH COMPASSION FOR THE EDUCATIONAL, FINANCIAL, AND HEALTH NEEDS OF OUR DIVERSE COMMUNITIES**

**LHAS 2016-2017 COMMUNITY GRANT PROGRAM APPLICATION**

Project Name \_\_\_\_\_ Website \_\_\_\_\_  
Amount Requested \_\_\_\_\_ Mailing address \_\_\_\_\_  
Applicants Name and Title \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Contact Person (if different from applicant) and phone number \_\_\_\_\_

**Organizational Narrative:** (Please number your responses)

1. History
2. Mission and goals
3. Current programs and activities
4. Accomplishments

**Project Information:** (Please number your responses)

1. Describe the program or project
2. Define program or project as new or a continuing program or project
3. Are funds currently received for this project? If yes, please explain
4. Will funds be requested from other sources (grants, operation, fees)? If yes, please explain.
5. Identify other organizations, partners, or underwriters participating in the project and their roles
6. Projected start/end dates of your program or project
7. Identify the needs/problems in the community that will be addressed by your program/project
8. How many people in the community will be served?
9. How does this meet the mission of LHAS?
10. How do you plan on recognizing LHAS if awarded this grant?
11. What is the proposed budget for this project and what are the long term funding resources?

**Please attach the proposal budget and other requirements as indicated on the cover letter. Remember to include the original application along with ten copies and send to:**

**LHAS GRANT COMMITTEE  
UPMC Montefiore Room N-709N  
3459 Fifth Avenue  
Pittsburgh, PA 15213**

**Please direct any questions to Denise Pochan at 412-648-6106**