

Ernest G. DeBakey Charitable Foundation Request Form

Project/Program Summary:

- Brief summary of the proposed project (*please attach - not to exceed 1/2 page*)

- Proposed overall budget for the project/program

- Amount requested and how the funds will be used _____

- Please indicate all levels of sponsorship currently available (*upload printed materials if available*)

- Please list any names of other principal/title sponsorships for this program/project _____

- Are any other hospitals, physician groups or healthcare organizations partnering with you? YES NO

(*If yes, please list name organization*) _____

- Date funds/sponsorship payment is needed _____

- Date/Time of the project/program _____

- How will this program/project be advertised (*if applicable*) _____

Justify the Need:

- Justify the need for the project/program _____

- Outcomes you hope to achieve and how will outcomes be measured _____

- Who and how many will this project/program support/help _____

- What geographic area will this project/program target _____

- Does the request meet an identified community need _____

- Does the request improve/enhance healthcare services within the community _____

Organization Information:

- Mission and goals of the organization _____

- How does the project/program relate to the organizations mission

- Geographic area the organization serves _____
- Please enclose/submit a copy of the exemption letter 501(c)(3)

Contact Information:

- Contact person for program/project _____
- Contact email _____
- Contact phone _____
- Comments _____

