

Dear Applicant:

The OrthoCarolina Foundation Community Healthcare & Education program is designed to support the local community by funding educational initiatives for groups across the Charlotte region. We are always excited to learn about people like you who share our commitment and desire to educate. We believe in the idea that education and knowledge lead to better healthcare choices.

Attached is a copy of the OrthoCarolina Foundation Giving Application. The application must be received by the deadline indicated. Applications can be emailed or mailed. Determinations will be made by our Board and you will be notified of our decision by the end of the year.

Organizations accepting funds from the OrthoCarolina Foundation are required to complete an evaluation form detailing the project outcome and project expenses. We also ask that groups acknowledge our commitment by including our name or logo on any printed material, press releases, website, social media or signage pertaining to our sponsored program.

If you have any questions regarding the content of the proposal please contact us by email at ocfoundinfo@orthocarolina.com. Thank you for your interest in the OrthoCarolina Foundation; we look forward to partnering with you in the mission to support community education.

Thank you,

Thomas Fehring, MD Director

GIVING APPLICATION COVER SHEET

Date of Application:	Tax ID:	Yea	ar Founde	d:	
Legal name of organizatio	n applying:	ter and as supplied on I	 RS Form 990		
Executive Director:	ecutive Director: Phone number:				
Contact person/title/phor	ne number (if differen	t from executiv	e director):	
Address (mailing):					
City/State/Zip:					
Fax Number:	E-mail Add	ress:			
Website:					
List any previous support	from OCF in the last 3	years:			
11/4		31/6	\li		
Program Name:	1444				
Purpose of Grant (one sen	itence):				
F O U	N D	AT		0	N
Planned Project Start Date	Date:Planned Completion Date:				
Amount Requested: \$	Total Program Cost: \$				
Current Operating Budget	:				
% of Operating Budge	et for admin/fundraising et for this project et serving children & youth	า			
Type of Grant:					
Exam	ple – social, medical, finar	ncial and/or educat	ional.		
Geographic Area Served (counties that you son	<i>(</i> Δ).			

GRANT APPLICATION NARRATIVE

(Please type the application in standard size type.)

1. Description of Applicant Organization:

Include history, mission and goals. Describe current programs, activities and accomplishments. Please include the responsibilities of the board, staff, and volunteers.



2. Purpose of Grant:

Describe needs/problems to be addressed; target population and how they will benefit; project goals; measurable objectives; action plans; and whether this is a new or ongoing part of your organization. Acknowledge similar existing projects or agencies, if any, and explain how your agency or proposal differs.

Qualifica	tions of Pro	ject Personnel
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Describe the qualifications of key staff and volunteers that will ensure the success of the program.

4. **Evaluation:**

Who will be responsible for evaluating the program, and how will success be defined and measured?



5. **Program Duration:**

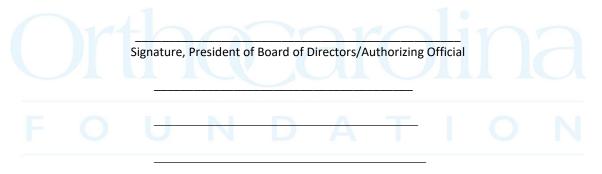
If this will be an ongoing program please include the long-term strategies for funding this project at the end of the grant period.

6. Fiscal Information of Applicant Organization:

On a separate page show how each budget item relates to the project and how the budgeted amount was calculated. Include a copy of Form 990, your organization's current annual operating budget, and a projected budget for the upcoming year. In the event that we are unable to meet your full request, indicate priority items in the proposed program budget.

7. **Certification:**

We certify that the information contained in this application, including all attachments, is true and correct to the best of our knowledge.



Type name, position and address of above person.

• Only completed applications will be considered for giving

• Applications can be emailed to: ocfoundinfo@orthocarolina.com

• Applications can be mailed to: OrthoCarolina Foundation

4601 Park Rd. Suite 250

Charlotte, NC 28209

Deadline: Grant applications are reviewed in March.

