



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: _____ Year Founded: _____

Legal name of organization applying: _____

Should be same as on IRS determination letter and as supplied on IRS Form 990

Executive Director: _____ Phone number: _____

Contact person/title/phone number (if different from executive director):

Address (mailing): _____

City/State/Zip: _____

Fax Number: _____ E-mail Address: _____

Website: _____

List any previous support from OCF in the last 3 years: _____

Program Name: _____

Purpose of Grant (one sentence): _____

Planned Project Start Date: _____ Planned Completion Date: _____

Amount Requested: \$ _____ Total Program Cost: \$ _____

Current Operating Budget: _____

_____ % of Operating Budget for admin/fundraising

_____ % of Operating Budget for this project

_____ % of Operating Budget serving children & youth

Type of Grant: _____

Example – social, medical, financial and/or educational.

Geographic Area Served (counties that you serve): _____

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.

3. **Qualifications of Project Personnel:**
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.

OrthoCarolina

Signature, President of Board of Directors/Authorizing Official

F O U N D A T I O N

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.

