

Podiatry Foundation of Pittsburgh

Grant Application Mailing instructions

The Podiatry Foundation of Pittsburgh supports worthy practitioners and organizations that conduct research in podiatric medicine or provide ongoing education for podiatric doctors.

Please mail completed form with accompanying documentation to:

Podiatry Foundation of Pittsburgh
c/o Nigro Ankle and Foot Care
1601 Union Ave. Suite B
Natrona Heights, PA. 15690
phone: 724-226-0544
fax: 724-226-2172

Podiatry Foundation of Pittsburgh

Grant Application Format Instructions

Please structure your proposal to provide the following information in the order indicated. Use the headings and subheadings provided. Then, in your own words, address the questions and issues posed in the outline. The questions reflect the general interests and concerns of grantmakers, but are not intended to be conclusive. Additional information pertinent to your project should be included. Please be thorough, yet strive for brevity. Although tightly written proposals are preferred, take the space you need to make your case.

A. Narrative - 2 pages or less

Organization information

- Summarize your organization's history
- State your mission and goals, future challenges, and long-range plans
- Outline current programs and activities
- Highlight accomplishments

Tip: Differentiate yourself from similar or competing organizations.

Purpose of Grant - 2 pages or less

- Describe the proposed program or project - 1 sentence
- Identify the needs/problems to be addressed, target population and number of people to be served by the project
- Describe the project goals and objectives, and your plan to meet them
- Identify other organizations, partners or funders participating in the project and their roles
- Provide a timetable for implementation

Tip: If a similar program or service has been conducted by your organization another, please discuss its impact.. Does it represent an expansion or duplication of services in your area? If it doesn't, define its potential to serve as a model program locally or nationally.

Evaluation - 1 page or less

- Describe your plan to document progress and results. Interim and final evaluation and expenditure reports will be required for every grant awarded.

Tip: Set measurable goals for the program and specify your plans to communicate with the foundation during the grant period.

B. Attachments

Please include the following attachments in the order indicated:

Copy of the current IRS determination letter indicating 501 (c) (3) tax-exempt status.

Organization structure, including:

- List of officers and directors, including occupations, places of employment, and relevant affiliations.
- Resumes and/or job descriptions of key personnel involved in the project.

Financial information, including:

- Program or operating budget
- List of other funders, potential funders and amounts committed or requested, including public funds, individual contributions and other sources of income supporting the project.
- Current board-approved annual operating budget, including expense and income.
- Most recent audited annual financial statement.

Letters of support, (optional) that substantiate need for the project and collaboration with other organizations.

Annual report, if available.

C. Grant Application Budget

An accurate, detailed budget for proposed projects is a primary requirement of every grantmaker. This portion of your proposal should break down the total budget into the specific items listed below. A narrative description explaining unusual budget items and, if applicable, the percentage of "overhead" applied to the project should precede the itemized listing. "In-kind" expenses and donations or matching funds should also be described. As long as your budget is typewritten and contains the following information, feel free to submit it in a format comfortable and convenient for you.

Podiatry Foundation of Pittsburgh

Grant Application Cover Form

Date of Application

Legal Name of Organization Applying
*(Should be the same as on IRS determination
letter and as supplied on IRS Form 990)*

Year Founded

Current Annual Operating Budget

Executive Director

Contact Person/Title *(if different from Executive Dir.)*

Address
(principal/administrative office)

Mailing Address
if different than above

City

State

Zip

Phone No / Fax No

Project Name

Purpose of Grant *(one sentence)*

Beginning and Ending Dates of the Project/Campaign

Amount Requested

Total Project Cost

Geographic Area Served

Signature
Board of Directors Chairperson

Date

Typed Name and Title

Signature
Executive Director

Date

Typed Name and Title
