



McCune-Brooks Healthcare Foundation
P.O. Box 734, Carthage, MO
417-313-5048

Grant Application

Answer all questions briefly. Limit attachments to one page.

Date Application Submitted:

Organization's Name:

Contact Person's Name:

Email:

Phone Number:

Address:

What is the total amount of funds requested from the Foundation?

Describe the project, program or equipment for which funds are being sought, the need that will be addressed, how that need was determined. (attach one page if more room is needed)

What is the total cost of the project for which your grant request is sought? What other sources of funding, if any, will be utilized?

When will your project be completed or implemented?

Please email your completed application, along with a copy of your 501(c)3 and a list of your Board of Directors to lora@mbhfoundation.com.