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**PHILANTHROPY GRANT APPLICATION**

The North Texas Nurse Practitioners awards up to 3 - $2000 grants annually. Grant recipients will be selected by the NTNP philanthropy committee.

QUALIFICATIONS: As an organization, we look beyond the boundaries of our own group and aspire to provide help financially to agencies who give health and social services to the poor. Please know that NTNP reserves the right to target our donation for a specific cause (e.g. equipment, supplies, etc.…). Organizations that have NTNP members as volunteers are especially encouraged to apply.

DEADLINES: Applications must be submitted by one of the following deadlines: **January 31st, May 31st, or September 30th**

For any application questions or assistance with completing this application, please contact our philanthropy chairperson, Beth Farren, at the following email address: [bethfarren@verizon.net](mailto:bethfarren@verizon.net) or [admin@northtexasnursepractitioners.com](mailto:admin@northtexasnursepractitioners.com)

**PROGRAM SUMMARY**

Include a program summary of no more than one page. Your summary should include an overview of your grant request, including the amount requested; brief program description, community and/or constituency served and expected outcomes. For ease of review, please use the section and item numbering given on this application form for your summary.

**CONTACT INFORMATION**

Name: Phone Number:

Street Address:

City: State: TX Zip:

Email Address (Please PRINT):

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORGANIZATIONAL DESCRIPTION**

1. Give a brief overview of your organization, including its mission, purpose, a short history and any major accomplishments. Attach organization literature if you prefer.
2. Are you categorized by the IRS as a charitable or non-profit organization? If yes, please provide IRS documentation
3. Do any members of North Texas Nurse Practitioners volunteer at your organization?

**PROGRAM DESCRIPTION**

1. What community and/or constituency needs will your program meet? How did you identify the need?
2. Give a brief description of your program. What are its primary goals? How will you accomplish them?
3. Describe the program/project participants or beneficiaries. Are you planning to serve a particular age group, ethnicity, or income level? How many people will your program serve?
4. Describe any religious affiliation and any client requirements to attend related practices.
5. Please describe aspects of your program/project that are unique or innovative. Is your program a model for other communities? How will you communicate your program’s success to other communities?
6. Include a proposed budget for your program/project, including how NTNP grant funds would be used.
7. Are you requesting any grants from other organizations?
8. Describe the expected outcomes or accomplishments for your program/ project. How will you measure these outcomes?
9. Give a proposed timeline for your project/program and expenditure of proposed grant funds.

**SUBMISSION**

* Email completed application to: Beth Farren at [bethfarren@verizon.net](mailto:bethfarren@verizon.net) or

[admin@northtexasnursepractitioners.com](mailto:admin@northtexasnursepractitioners.com)

* Mail completed application to: NTNP Philanthropy Committee

617 E 16th Street

Plano, TX 75074