



Funding Application
Fiscal Year 2018-2019

If you have any questions please contact the Director of Program Administration at 708-449-5508 or emails us at RTS@ptmhc.org

SECTION I.

LETTER OF INTENT

Legal Name of Organization:

Mailing Address (and or Physical Address if it is different and not confidential):

Phone: **Fax:** **EIN:**

Website:

Name of CEO or Executive Director:

Phone: **Email:**

Program Name:

Program Contact & Title (if *not* the CEO or Executive Director):

Phone: **Email:**



Organization Information

Year Incorporated:

Mission Statement:

Geographic Area Served (specific to this proposal):

Tax Exemption Status:

- 501(c)(3)
- Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

- Other than 501(c)(3), describe:

Estimated Clients Served by the Program: Proviso **Non-Proviso**

Number of Employees on the program: Full-time: **Part-time:**

Award Request Information

Type of Award Requested (select one): **Amount of Request:** \$

Program or Project Support
Name of Program or Project:

Other:



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Describe what the award will be used for:

Financial Information Budget numbers should match the numbers presented in the financial attachment.

Total Program or Project Budget:

Dates:

Income:

Expenses:

What percent of the program’s total cost is supported by other funding sources? List other funding sources and the funding amount.

Medicaid (if applicable)

- A. Provide a copy of the DHS certification outlining approved eligible services**
- B. Provide the organizations National Provider Identifier number (NPI).**

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

CEO/Executive Director

Date