

Hillsborough County Medical Association Foundation, Inc. 3001 W. Azeele St., Tampa, FL 33609 813/253-0471 ~ 813/253-3737 fax www.HCMA.net

Grant Application Check List

- ____ Completed application
- _____ Current year operating budget
- _____ Documentation of status as a tax exempt non-profit
- _____ List of Board of Directors and Officers
- _____ Detailed narrative describing the use of funds
- _____ Other sources of funding for this project
- _____ A brief narrative describing the mission and goals of the requesting organization

The deadline for completed grant applications is May 15th.

Application and supporting documents should be mailed to:

HCMA Foundation 3001 W. Azeele St. Tampa, FL 33609

If you have any questions, please do not hesitate to contact me at the HCMA office (813.253.0471) or via email (ELubin@hcma.net).

Sincerely,

exclusion

Elke Lubin Hillsborough County Medical Association, Inc. Hillsborough County Medical Association Foundation, Inc. Executive Assistant