



**Alliance with the Washoe County Medical Society
PO Box 11363
Reno NV 89510
Community Grant Application**

Agency:
Executive Director:
Project Name:
Tax-exempt Identification Number

Contact Person/Person making the application
Name:
Mailing Address:
Email Address:
Telephone Number:

1. Project Description, with the intended use of AWCMS Funds:
2. A statement describing how your grant request meets AWCMS guidelines to promote and advance community health in Washoe County.
3. Amount of funds requested_____. Include budget for project or other relevant data.
4. Do you have other financial assistance? If yes, please explain.
5. Do you have a contact within AWCMS?
6. Please include a list of your Board of Directors.
7. Please enclose a copy of your annual budget, year-end statement, treasurer's report or similar information.
8. Please provide any other information that will be helpful in evaluating your request.
9. Have you received a previous AWCMS grant? If so, when?
10. If you receive an AWCMS grant, how will AWCMS be acknowledged?
11. If your grant request is funded, how should the check be made out?

Grants are usually made in May.

Please submit application no later than October 1, 2024.

You may submit application by email to ginnydw48@gmail.com or by US mail to AWCMS address above.

If sent by US mail, please mark Attention: Ginny Williamson