



**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:

Please provide answers to the following:

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.
4. Include budget for project or other relevant data.
5. Do you have other financial assistance? If yes, please explain.
6. Do you have a contact within AWCMS?
7. Please include a list of your Board of Directors.
8. Please enclose a copy of your annual budget, year-end statement, treasurer's report or similar information.
9. Please provide any other information that will be helpful in evaluating your request.
10. Have you received a previous AWCMS grant? If so, when?
11. If you receive an AWCMS grant, how will AWCMS be acknowledged?
12. If your grant request is funded, how should the check be made out?

Please submit application no later than September 1, 2023.

You may submit application by email to [ginnydw48@gmail.com](mailto:ginnydw48@gmail.com) or by US mail to the AWCMS address above. If sent by US mail, please mark Attention: Ginny Williamson

Grants are usually made in May.