

# The Siddiqi Charitable Foundation

Grant Application 2018/2019

The purpose of the Siddiqi Charitable Foundation is to promote the health and wellness of the residents of East Tennessee and Appalachia and to promote the treatment and prevention of end state renal disease, diabetes, chronic kidney disease, hypertension and other related healthcare conditions associated therewith by supporting research, development, education, screening, population management and awareness related to these health conditions.

The Foundation does not support individuals, sports teams, or political candidates/organizations. The Foundation only supports those organizations whose mission and activities align with the charitable purpose of the Foundation.

The Siddiqi Charitable Foundation, Inc. will accept grant applications from qualifying organizations for the funding year from July 1, 2018 - June 30, 2019. Any applications received after the funding cycle will not be considered through organizations will be encouraged to reapply for subsequent deadlines. Incomplete applications will not be considered. Requests for multi-year funding will be considered.

Collaborative projects with other non-profit organizations are encouraged.

All grant request must be submitted via email at [info@siddiqifoundation.org](mailto:info@siddiqifoundation.org) and applications will not be returned. Completion of an application by an organization does not guarantee funding.

Notice of funding will be made with 30 days of the end of the funding cycle.

Questions should be directed to HEETESH PATEL by email at [info@siddiqifoundation.org](mailto:info@siddiqifoundation.org)

## **Submission Checklist:**

A. Completed Application (Required)

Please complete the Application only within the space provided on the form.

B. Organization overview (approximately 1 page in length which describes current programs)

Current board-approved budget for the organization

C. Copy of your IRS Tax Exempt Notice (Required)

## The Siddiqi Charitable Foundation Grant Application - 2019

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

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Mission Statement of the Organization:

Please Attach a brief statement about how the mission of your organization supports the charitable purpose of the Siddiqi Charitable Foundation.

What are you requesting funding for (project description)?

How does the project support the purpose of the Siddiqi Charitable Foundation?

What is the amount of funding needed (maximum funding request \$25,000.00)

\_\_\_\_\_

Is this a multi-year request?? \_\_\_\_\_

Does this project have a funding deadline, and if so, when? \_\_\_\_\_

Who will benefit from this funding? \_\_\_\_\_

How will success be measured from this program?

Does this program lend itself to partnerships with another nonprofit organization?

How many paid employees does the organization have? \_\_\_\_\_

How much funding did your organization raise last year?

DONATIONS \_\_\_\_\_ GRANTS \_\_\_\_\_ MEMBERSHIPS \_\_\_\_\_  
PROGRAMS \_\_\_\_\_ FUND-RAISERS \_\_\_\_\_ OTHER \_\_\_\_\_

Do you have any new sources of funding? \_\_\_\_\_

Please describe what will happen to this program if your grant request is not fully funded.

Is this a new program? \_\_\_\_\_ If yes, is funding for this program coming from any other organizations? If no, how was this project funded last year?

If the program is to be ongoing, how do you plan on funding it in the future?

How did you hear about us? \_\_\_\_\_

I \_\_\_\_\_, representing the above organization do hereby attest that the information present-ed including required collateral materials is true and correct to the best of my knowledge. I further understand that if my re-quest is funded, a brief evaluation of the program is required after 90 days and upon conclusion of the project, and that failure to provide the required program evaluation will eliminate my organization from requesting future funding for three years.

\_\_\_\_\_

Signature

Title and Date