



Salina  
Regional  
Health  
Foundation

# Grant Application

Community Health Investment Program (CHIP)

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Revenue:**

CHIP Grant Request	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

**Expenses:**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____

How will the CHIP dollars specifically be used? \_\_\_\_\_

Is applicant a 501 (c) 3 Nonprofit Organization? Yes\_\_\_\_ No\_\_\_\_. If yes, please complete:

Total Annual Operating Budget of the Applying Organization \$ \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

I certify that the organization is current on all IRS filings, including form 990 tax returns and all quarterly payroll returns:

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Signature
Print Name Here
Title