

RUTGERS COMMUNITY HEALTH FOUNDATION

Aiding the Health Needs of NJ Since 1987

P.O. Box 1265

New Brunswick, NJ 08903-1265

Email: info@rchfoundation.org

Web Site: www.rchfoundation.org

GENERAL OPERATING SUPPORT PROPOSAL INSTRUCTIONS

The Trustees of Rutgers Community Health Foundation invite your organization to submit a General Operating Support proposal. Please follow the instructions below and the page limits carefully. Applications should be submitted electronically along with all required documents to info@rchfoundation.org.

PROPOSAL NARRATIVE (10 page maximum, double-spaced, minimum 12-point type)

A. Organizational Background

1. A full description of the history and mission of your organization.
2. Complete list of current programs, priorities and recent accomplishments.
3. Description of population served (demographic and geographic).
4. List of partner and subcontracting organizations.
5. Summary of key management and project staff along with qualifications.
6. Summary of strategic plan or future goals.

B. Organizational Financial Information

1. List major sources of funding for most recent fiscal year. Include the name of funder, amount, and funding period. Please include restricted and unrestricted funding.
2. Describe how unrestricted funds will help support the core mission and values of the organization.
3. Describe previous support received by RCHF.

C. Other supporting materials

See grant application cover for document checklist. All required documents must be submitted at the time of full proposal submission.

Please direct all inquiries via email to info@rchfoundation.org.

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GENERAL OPERATING SUPPORT APPLICATION COVER

Name of Applicant Organization: _____

Applicant Address: _____

Name of Organization's Executive Director: _____

Telephone #: _____ E-Mail Address: _____

Agency Fiscal Year: _____ to _____

Request for funding(\$): _____ Total Organizational Budget (\$)_____

Required Documents	Check if the document is attached	N/A
1. Copy of Certificate of Incorporation		
2. A dated current Board Members list		
3. An organizational structure chart		
4. Copy of Provider Agency's By-Laws		
5. Copy of the Annual Report to the Secretary of State		
6. Copy of the State of NJ Business Registration		
7. Copy of the Annual Report-Charitable Organization		
8. Copy of the latest Audit		
9. Copy of Tax Exempt Form 990		
10. Copy of U.S. Corporation Income Tax Return		

Signature - Executive Director

Date

Type Name and Title