

Phoenixville Community Health Foundation

Required ORGANIZATION INFORMATION To Be Attached to Grant Request

Please check if attached, otherwise indicate if Not Applicable (N/Appl) or Not Available (N/Av).

1. IRS Tax Determination Letter *
2. Charitable Organizations Registration Certificate
(Applicable organizations only)
3. Current Annual Report
4. Articles of Incorporation and By-laws *
5. List of Current Board of Directors (with their professional affiliation)
6. Most Recent 990 Form Filed with the IRS
7. Most Recent Independent Financial Audit and Management Letter
(if available)
(Please explain any deficits and your plan to prevent them in the future)
8. Overall Operating Budget for Current Fiscal Year
9. List of Public/Private Funding Sources for Your Organization During
Past Fiscal Year
10. Strategic Plan for Your Organization (if available)
11. Statement of no change in tax-exempt status with the IRS certified by Board of
Director's Chair

APPLICATION INFORMATION

Completed Application
Budget Form and Related Budget Narrative
Funding Plan of Public/Private Sources Being Solicited to Support this
Project

*** If your organization has received a grant in the past, this information is on file in our office. Send this information again, only if updated information is available.**

