



# St. Clair County Medical Society Alliance

## St. Clair County Medical Society Alliance 2016-2017 Community Health Grant Application

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

Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Federal Tax ID #

\_\_\_\_\_  
(Please attach verification letter to this application.)

Title of Project

Requested Funding \$ \_\_\_\_\_

Describe how the funds granted will be used to impact health, fitness, and health care or promotion. (If additional space is required, please attach a separate sheet to this application.)

List the goals of the program or activity and the objectives by which each goal will be achieved and measured for success. (If additional space is required, please attach a separate sheet to this application.)

If this is an on-going program, please give a brief history. (If additional space is required, please attach a separate sheet to this application.)

SCCMSA 6400 West Main Street, Suite 3L, Belleville, IL 62223

The St Clair County Medical Society Alliance is a 501©3 charitable organization. Contributions are tax deductible to the extent allowed by law. Please see you tax consultant for details.