

Cullen Trust for Health Care Request Requirements

Each request must provide the following information and attachments. Be sure to follow the instructions on word limits and definitions.

Organization Information

- Legal Name and Address
- Tax ID and Status with IRS
- Mission Statement
- Annual Budget Amount
- Number of *patients* served by organization in the last year (leave blank if your organization does not provide patient services; do not include “clients” if your organization provides services other than medical/dental)
- List of Board of Directors and Major Contributors
- Brief (500 word max) description of the Purpose, Scope, and History of the Organization

Project Details

- Project Title
- Project Summary (500 word max)
- Questions (300 word max for each)
 - Why is this project necessary?
 - What are the top three (3) outcomes that will result from implementing this project? An outcome is the desired end state that will be achieved by doing the proposed work. It is not a list of activities. For example, if seeking funding to expand a service line, do not list “hire an additional doctor” as the outcome, but instead use “care for more patients than last year” or whatever the *health care* achievement will be if the grant is awarded. We recommend using a logic model to outline the needed activities and funding to achieve a particular outcome.
 - What metrics will be used to evaluate if outcomes are being met? Please provide these for each of the three outcomes listed above. If the grant is awarded, these will be used to measure your success at the completion of the project. In the example above, the metric would be “number of patients receiving care increases by 20% over last year”
 - How many patients will be directly affected by this project? Over what length of time? If your project does not have a direct service component, please explain in general terms the types of patients that could be impacted by the project.
 - Does this project differ from what your organization has done in the past? If so, how?
 - Are there other organizations within your service area doing similar work? If so, please specify and explain if/how this project differs from others.
- Project Budget Amount
- Request Amount
- Amount Raised to Date
- List of other Grants or Proceeds Received for Project

Required Attachments

- Cover Letter
- Project Description (No more than 2 pages, single-spaced, 12-point font. Please explain the goals of the project and how the proposed work will achieve them. We recommend using a logic model to show how the activities, funding, etc will result in the desired outcomes.)
- Detailed Project Budget
- Organization Budget (current year)
- 990 Form (most recent)
- Audited Financial Statement (most recent)
- Letter of Determination from IRS
- UDS (required for FQHC Clinics only)
- Renderings or drawings, description of the property, and cost estimates (required for building construction or purchase of real property only)

Optional Attachments

- Annual Report
- Brochure or Fact Sheet