# Optum

The Employee Community Foundation

Optum Washington 3901 Hoyt Ave. Everett, WA 98201

# **Grant** application

Please limit the grant (funding) ask to no more than 4 pages (12 pt. font), plus the requested attachments we ask for. Please submit only complete, typed applications. Limit your answers to the space given. Don't go over the lines. Please enroll your completed form to **tecfoundation@optum.everettclinic.com** 

### **Organization information**

Contacts	
Agency name	
Agency mailing address	
Agency physical address	
Email	
Chief executive name	
Title	Phone
Agency information	
Total agency	County
Number of full-time staff	Number of full-time staff
Number of part-time staff	Number of part-time staff
Number of volunteers	Number of volunteers
Geographic area served	

#### **Organizational background**

Please include your mission statement, purpose and governance. Also include the population served and role of volunteers.

## **Proposal information**

Amount of funds needed	Funds needed by	
Funds will be used from	То	
Project name		
Total project cost What per	centage of total costs is this grant request?	
Project cost per client		
Project type: 🛛 Specific program 🖓 Oth	er (please describe)	
Who will the project serve?		
Where specifically in the county will this project serve?		
Describe the specific project, program or service this grant would fund. Include a brief description and the goals of the project.		

How will success and effectiveness be measured?

Does your organization get support from United Way? (If so, please tell us what percentage of your operating budget comes from United Way.)

### Attachments

- Verification of tax-exempt status under Section 501(c)(3) of the IRS code
- IRS Form 990 (most current)
- IRS Form W-9
- List of current board members (include member affiliations and any other important information)
- A complete budget for the project that needs the funds



#### Optum Care Washington

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