

## Ernest G. DeBakey Charitable Foundation Request Form

### **Project/Program Summary:**

- Brief summary of the proposed project (*please attach - not to exceed 1/2 page*)
- Proposed overall budget for the project/program
  
- Amount requested and how the funds will be used
  
- Please indicate all levels of sponsorship currently available (*upload printed materials if available*)
  
- Please list any names of other principal/title sponsorships for this program/project
  
- Are any other hospitals, physician groups or healthcare organizations partnering with you? YES NO  
(*If yes, please list name organization*)
- Date funds/sponsorship payment is needed
- Date/Time of the project/program
- How will this program/project be advertised (*if applicable*)

### **Justify the Need:**

- Justify the need for the project/program
  
- Outcomes you hope to achieve and how will outcomes be measured
  
- Who and how many will this project/program support/help

- What geographic area will this project/program target
- Does the request meet an identified community need
- Does the request improve/enhance healthcare services within the community

**Organization Information:**

- Mission and goals of the organization
- How does the project/program relate to the organizations mission
- Geographic area the organization serves
- Please enclose/submit a copy of the exemption letter 501(c)(3)

**Contact Information:**

- Contact person for program/project
- Contact email
- Contact phone
- Comments