



## Matching Gift Program Grant Application

Organization Legal Name & EIN# \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Foundation Mission**

To invest in sustainable initiatives that promote the overall health of Salem County residents.

### **Foundation Vision**

To be a financial resource for organizations specializing in servicing the health needs that are deemed to be unmet or underserved.

### **Foundation Areas of Interest**

Improving Access to Health Care

Preventive Care & Supportive Care for Families and Individuals

Career Opportunities

Healthy Kids, Bright Futures Initiative

### Qualifications for Participation

- Organizations must be tax-exempt as determined by the Internal Revenue Service Code Section 501(c)(3) and “not classified as a private foundation”.
- Organizations must be located in or provide services in Salem County.
- Organizations must use Foundation funds for purposes within the Foundation’s Mission, Vision and Areas of Interest.

1. Does your organization qualify for this program as specified above?

☐ Yes      ☐ No

2. What is your organization’s mission and vision?

Please describe: \_\_\_\_\_

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3. What is your organizations current operating budget?

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4. How does your organization plan to utilize the matching dollars from the Foundation?  
Please limit your response to 150 words.

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5. How does your organization's mission and vision fit with the mission and vision of the  
Foundation as stated above?  
Please limit your response to 150 words.

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6. Briefly describe your programs (direct services) and how they fit with the Foundation's Areas  
of Interest. Please limit your response to 150 words.

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7. What are your organization's measurable indicators of success?

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8. Describe how the Matching Gift process will help you grow your donor base or serve as a match for other funding?

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9. What else would you like the Foundation to know about your organization, i.e. new programs, organizational expansion, emerging issues with clientele, etc.

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**Complete and mail or fax to:**  
**Salem Health & Wellness Foundation**  
**91-A South Virginia Avenue**  
**Carneys Point, NJ 08069**  
**Email: [pauldilorenzo@salemwellnessfoundation.org](mailto:pauldilorenzo@salemwellnessfoundation.org)**  
**Fax: 856-299-4474**