

Community Support Program

Funding Requests – Requirements

All requests for funding support to the District must be done with a Letter of Interest. Please follow the requirements detailed below and be succinct:

- Submit letter on your Agency's letterhead
- Include the Contact Person for the Request
- Provide an Email address
- Specify the Funding Support Dollars Desired
- Specify Total Program Budget
- Briefly describe the history and purpose of your organization
- Specify the health need (challenge) that your program/project will address
- Briefly describe the program/project
- Estimate the percentage of clients served by the program/project that reside in the District's service area
- Important – Attach a current copy of your new ruling or permanent IRS Determination Letter 501(c)(3) or equivalent IRS Determination Letter
- Important – Attach a current copy of proof of charity or non-profit entity status registration with the State of California

All requests should be submitted to the Chief Executive Officer via mail at:

Administration
Pioneers Memorial Healthcare District
207 West Legion Road
Brawley, CA 92227