



Healthcare Foundation of La Porte
Grant Request
PROJECT/PROGRAM INCOME FORM

(Updated May 31, 2017)

Please identify all additional funding sources for the project/program. For each funding source indicate the type (Donated, Earned, or In-Kind), the amount of funding, and whether the funds are anticipated or committed. The information provided below should account for all of the additional sources of funds noted on the Program Budget Form.

Name of Organization: Wellness Foundation, Inc. (WFI) Project/Program Title: Health is Good Total Amount Requested from HFL: \$25,000 Total Project/Program Budget: \$84,850 Grant Start Date - Grant End Date: 11/1/2017 - 10/31/2018			
To ensure accuracy, please refer to HFL's Glossary and Budget Samples			

Non-HFL Funding Sources for Project/Program	Type of Support	Amount	Committed or Anticipated Income
Healthy 8K Fundraiser	Donated	\$5,000	Anticipated
Healthy Foundation Grant	Donated	\$2,500	Committed
Individual Contributions	Donated	\$1,000	Anticipated
Fee for Services Rendered to WFI Clients	Earned	\$51,350	Anticipated

Sample