

Institute of Mental Hygiene

Pre-Grant Inquiry

Child Care Centers

Name of Organization: _____

Complete Address: _____

Official Contact Person: Name _____ Title _____

Phone _____ Fax _____

Date of Formation or Incorporation: _____

Purpose(s) of Grant (check all that apply):

_____ a) Furniture and Equipment

_____ b) Curriculum Materials

_____ c) Staff Training

Items 1, 2, and 5 from the list below are required. Please provide as many of the other documents as possible:

- 1) Evidence of the legal status of the organization (such as organizing documents, articles of incorporation, trust agreements, charter, tax classification or certification from appropriate authorities);
- 2) An annual report or brief description of the organization's history, goals, mission, recent activities and future plans;
- 3) Recent financial statements (audited financials are preferred);
- 4) A list of the grantee's governing board and key officers;
- 5) A copy of the latest tax return;
- 6) A brief description of recent grants made by any other organizations or units of government to the grantee.

Please submit this sheet and all additional documents to:

Rosemarie Coffman
Institute of Mental Hygiene
1055 St. Charles Avenue, Suite 350
New Orleans, LA 70130
(504)566-1852