

**REQUEST FOR CHARITABLE CONTRIBUTION FUNDING  
Johnson & Johnson Health Care Systems Inc. Contributions Fund**

Requests for funding are reviewed four (4) times each year. **Applications must be received by the 15th day of January, April, July, or October** to be considered for funding during the quarterly application periods. Requests for event support must be received prior to the event date; funding will not be provided/considered retroactively. **All questions must be completed** or the application will be considered incomplete and will be ineligible for review.

## **Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name |  | Complete Mailing Address |  |
| Contact Name and Title |  | Phone Number Email Address |  |
| Organization Website |  | Federal Employer Identification Number (EIN) |  |
| Organization Mission Statement |  | | |
|  | | | |

## **Organization Information**

|  |  |  |
| --- | --- | --- |
| Annual operating budget |  |  |
| Number of employees (full and part-time) |  |  |
| Number of volunteers |  |  |
| Listing of prior year's top ten corporate and foundation donors and amounts funded |  | |
| Percent of spending on administration costs, fundraising, and program services, respectively |  | |
| Does your Board of Directors include a representation of the individuals you serve? |  | |
| Current list of Board and Trustee members, including full names and company affiliations *can be included as an attachment* |  | |
| Names of Johnson & Johnson volunteers, if applicable |  | |

## **Proposal Narrative**

|  |  |  |  |
| --- | --- | --- | --- |
| Amount requested from Johnson & Johnson Health Care Systems Inc. Contributions Fund |  | |  |
| Total project budget |  | |  |
| Event date, if applicable *required if this request is in support an event* |  | |  |
| Project title *should represent the name of program or project for which you would like funding  (please limit to 25 words)* |  | |  |
| Detailed project request *including program goals and objectives, target audience, projected number of people served and intended outcomes* |  | |  |
|  | |

**Which focus area for giving does your request support? Check one (1) box only.**

Education

Health and social services

Arts & culture

Veterans’ causes

Environment & sustainability

**What geographic community does your request support?**

Duval County, FL

Shelby County, TN

El Paso County, CO

Middlesex County, NJ

Somerset County, NJ

Hunterdon County, NJ

Bristol County, MA

Kosciusko County, IN

\* If your request focuses on health and social services in Somerset and/or Hunterdon Counties (NJ) please submit your proposal to the [Johnson & Johnson Somerset County Companies Healthcare and Basic Needs Fund.](http://cfnj.org/johnson-johnson-a-partnership-for-the-community/)

**Attest that you have read all Johnson & Johnson Health Care Systems Inc. Contribution Fund priorities for giving.**

I have read and understand all Johnson & Johnson Health Care Systems Inc. Contribution Fund priorities for giving.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Please note that if this contribution is approved, our company may post on a website accessible to the public, information regarding this donation, including the identity of the recipient, the monetary value of the funding, and the purposes for such funding, and other information as the company determines is appropriate.** |  |

Submit your completed Johnson & Johnson Health Care Systems Inc. Contributions Fund application b**y email:** [mrivera@cfnj.org](mailto:nmagee@cfnj.org)

Be sure to include the following documents, including all required attachments:

Completed Johnson & Johnson Health Care Systems Inc. Contributions Fund application; incomplete applications will not be considered

Detailed/line-itemed project budget

Detailed projected current annual operating budget

List of Board and Trustee members, including full names and company affiliations, if not provided in application

Most recent financial statement (audited version preferred, if available)

Evidence of organization’s tax-exempt status (eg, IRS determination letter)

If this request is in support a conference or symposium, please include an event agenda

If this request is in support of a fundraising event, please attach all sponsorship levels and benefits