



Pharmaceutical Grant Application

ORGANIZATION INFORMATION

1. Name of applicant (address, phone number, fax, email, Skype account, FB page)

2. Name of ministry/ Ministry contact (address, phone number, fax, email, Skype account, FB page) Website (if one exists)

3. Shipping address (not a PO Box) _____

4. Final destination (if not the shipping address above) _____

5. Do you have non-profit status? _____ Include documentation from governing agency.

6. What is your mission statement? _____

7. Are you affiliated with a church or religious organization? If so, please describe _____

8. What year was your organization established? _____

OPERATIONAL INFORMATION

9. History of clinic / hospital. (1 page maximum)

10. Tell us about the community. (1 page maximum)

11. What is your typical patient volume for one week? ____ One month? ____ One year? ____

12. Reason clinic / hospital needs medicine or funding. (1 page maximum)

13. Please provide proof of local ownership. Include copies of licensure for clinic / hospital.

Please complete and return with all supporting documents via:

Email: blessthenations@blessing.org

Fax: Attn: Bless the Nations 918.250.1281

- OR -

Mail: Blessings International

Attn: Bless the Nations

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