



MAGELLAN CARES FOUNDATION

Grant Application Cover Sheet

Date of Application:

Legal name of organization applying:
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Is this organization a 501(c)(3)?

Contact person/title/phone number:
(if different from executive director):

Address *(principal/administrative office):*

City/State/Zip:

Phone number:
(include area code)

Fax Number:
(include area code)

Web address:

Purpose of Grant *(one sentence):*

Dates of the Project:

Amount Requested:

Do you have a Magellan business sponsor for this grant request?
If so, please provide the sponsor's name:

Please submit the completed application to MagellanCares@magellanhealth.com.