

Grant Application

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McCune Charitable Foundation

Organization Name

University of New Mexico Health Sciences Center

Address

Financial Services/PreAward MSC09 5220
1 University of New Mexico

City

Albuquerque

State

NM

Postal Code

87131

WWW Address

<http://hsc.unm.edu/controller/preaward/index.shtml>

Phone

505-272-626

Primary Contact First Name

Rena

Primary Contact Last Name

Vinyard

Primary Contact Email

HSC-PreAward@salud.unm.edu

Request Amount - Use numbers only, no text! Do not enter a dollar sign, comma, or decimal point.

enter here

Project Budget - Use numbers only, no text! Do not enter a dollar sign, comma, or decimal point.

enter here

Annual Budget - Use numbers only, no text! Do not enter a dollar sign, comma, or decimal point.

Organization's Total Current Budget (Organization's Fiscal or Calendar Year)

enter here

Please outline the following: 1. Brief organization mission statement. 2. Project description which answers: A. What is the problem to be addressed. B. Who benefits from the project and how? C. Why is the project being undertaken at this time? D. What are the anticipated outcomes? E. How does the project support your mission? 3. The organization's funding history with the McCune Foundation. 4. The major funders for the organization. 5. The method for project evaluation. DO NOT EXCEED 500 WORDS. (Words over the limit will not be received.)

PI to fill out



Tax Status 1

Public Entity-School

Executive Director First Name

David

Executive Director Last Name

Harris (President, UNM)

Board President/Chair First Name

James

Board President/Chair Last Name

Koch (President, Regents)