Required before final Page **1** Review My Application Printer Friendly Version submit

McCune Charitable Foundation

Organization Name
University of New Mexico Health Sciences Center
Address
Financial Services/PreAw ard MSC09 5220 1 University of New Mexico
City
Albuquerque
State NM 🔻
Postal Code
87131
WWW Address
http://hsc.unm.edu/controller/preaw ard/index.shtml
Phone 505-272-626
Primary Contact First Name
Rena

Primary Contact Last Name
Vinyard
Primary Contact Email

HSC-PreAw ard@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.

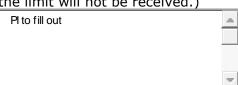
enter here

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.)



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)