



HBA Nonprofit Membership Grant Application

The Health and Business Alliance (HBA) will provide a limited number of grants to cover the cost of one year of membership for qualified not-for-profit organizations. To be eligible, entities must be designated 501(c)(3) tax-exempt organizations, must be in or related to the healthcare field, and be located or operate in Nassau County, Suffolk County or Queens County, New York. Membership support is for a period of one calendar year and organizations may not receive membership support for more than one consecutive year.

Name of requestor: _____ Date of application: _____

Name of organization applying: _____

Organization mission statement (attach separate sheet if necessary): _____

Address of organization: _____

Telephone number: _____ E-mail: _____

Executive director: _____

Contact person and title (if not executive director): _____

Is your organization an IRS 501(c)(3) not-for-profit? (yes or no): _____

(Note: only 501(c)(3) organizations are eligible for membership grants)

Is the organization currently, or has it ever been an HBA member? (yes or no): _____

Briefly explain the anticipated benefits of HBA membership for your organization. Describe the individuals/ companies you would like to connect with, as well as the value you believe your organization would contribute to HBA and its members (attach additional sheet if necessary):

Instructions: Please complete application and submit via email to infohba@hbametro.org by the due date provided online or in publicity. Funding decisions and distributions will be made on or about one month after the due date.