



**Medical Center of Louisiana Foundation**

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**GRANT APPLICATION FORM  
LSU and Tulane Medical Schools**

Organization:

Department:

Address:

City:

State:

Zip:

Contact Person/Principal Investigator

Phone:

Fax:

Email:

Project Title:

Summary of Project (*limit to 400 characters*):

Project Time Line:

Start Date:

End Date:

Total MCLF Amount Requested

Total Cost of Project

\$ \_\_\_\_\_

\$ \_\_\_\_\_

List Other Organizations Solicited for this Project	Amount Requested	Date Requested	Amount Approved/Received

\_\_\_\_\_  
Signature, Department Chair/Chief

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name, Department Chair/Chief