

NeedyMeds Incentive Grant Application

Applicants: Complete this form, save as a PDF and attach to an e-mail addressed to: incentivegrant@needymeds.com or fax to (207) 433-1036

Organization: _____

Address: _____

Street

City, State, Zip

Mailing address, if different:

Street

City, State, Zip

Contact: Name: _____

Position: _____

E-mail: _____

Phone: _____ Fax: _____

Web site: _____

Years in operation:

Geographic service area:

Hours/days of operation:

Number of PAP participants you are currently serving:

In two to three paragraphs succinctly describe your mission, governance, target population, eligibility criteria, number of persons served and sources of financial support.

How will PAPERxTracker enable you to increase the number of PAP participants you are serving?

How will you identify funding to continue electronic PAP software?

Submitted by: _____

Name and title

Date: _____