

Fairmont Community Hospital Foundation

enhancing health care in our community through charitable support

GRANT APPLICATION

FCH Foundation Board of Directors meets the second Monday of each month. Grants are reviewed monthly and are deemed approved, disapproved or more information is needed. The status of the grant will be communicated with the Applicant following the meeting with further information. Grant applications should be emailed to Kayla Caven at foundationfch@gmail.com.

APPLICANT INFORMATION:

Name of Applicant: _____

Email of Applicant: _____

Department: _____

STATE THE NATURE OF THE REQUEST:

WHAT IS THE NEED OF THE REQUEST:

WHAT IS THE APPROXIMATE COST (please include quote with grant request):

HOW WOULD THIS SERVE PATIENTS AT MAYO CLINIC HEALTH SYSTEM - FAIRMONT HOSPITAL?

WHAT IS THE ESTIMATED TIMEFRAME, IF APPROVED, THAT THE GRANT WILL BE RECEIVED?

HAS MCHS BEEN ASKED FOR THE PARTICULAR ITEM? IF SO, WHY ARE THEY NOT GRANTING THE REQUEST?

OTHER INFORMATION THAT WOULD BE HELPFUL: (ATTACH ADDITIONAL PAGES IF NEEDED)

SIGNATURES ARE REQUIRED

Applicant Printed Name: _____

Applicant Position Title: _____

Applicant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Supervisor Signature:

- If a grant is requested for the Hospital, Dr. Brevik needs to approve and sign.
- If a grant is requested for Surgery, Dr. Oseubi needs to approve and sign.
- If a grant is requested for the clinic or outpatient areas (Lutz Cancer Center, Rehab services, Cardiac Rehab), Dr. Slama needs to approve and sign.