

Fairmont Community Hospital Foundation

enhancing health care in our community through charitable support

GRANT APPLICATION

The Fairmont Community Hospital Foundation (FCH Foundation) accepts grant applications on a rolling basis. The Board of Directors meets the second Monday of each month to review applications. Applications will be approved, denied, or deferred pending additional information. Applicants will be notified of the Board's decision following the meeting.

Grant applications and all required documents should be emailed to **Kayla Caven** at **foundationfch@gmail.com**

APPLICANT INFORMATION:

Name of Organization: _____

Contact Person: _____

Email: _____

Phone Number: _____

Mailing Address: _____

501(c)(3) Status: ☐ Yes (Please attach IRS Determination Letter as proof of nonprofit status)

☐ No (*Note: Only 501(c)(3) organizations are eligible to apply*)

BRIEF DESCRIPTION OF REQUEST:

WHAT COMMUNITY HEALTH NEED DOES THIS REQUEST ADDRESS?

HOW WILL THIS PROJECT OR ITEM ENHANCE HEALTHCARE IN OUR SERVICE AREA?

TOTAL COST OF REQUEST (PLEASE ATTACH ANY QUOTES OR SUPPORTING DOCUMENTATION):

WHAT IS THE ESTIMATED TIMEFRAME FOR IMPLEMENTATION IF FUNDED?

HAS THIS REQUEST BEEN SUBMITTED TO ANY OTHER FUNDING SOURCES? IF SO, PLEASE EXPLAIN STATUS OR OUTCOME:

ADDITIONAL INFORMATION YOU WISH TO PROVIDE (ATTACH ADDITIONAL PAGES IF NECESSARY):

SIGNATURES ARE REQUIRED:

I certify that the information provided is accurate and that the organization is a registered 501(c)(3) nonprofit in good standing.

Printed Name of Applicant: _____

Title / Role in Organization: _____

Applicant Signature: _____ Date: _____

Administrative Authorization: _____

The Fairmont Community Hospital Foundation awards grants to 501(c)(3) nonprofit organizations whose projects align with our mission of enhancing health care in our service area. Applications are reviewed monthly by our Board of Directors.