

External Application

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**Medical Center Foundation Grant Application
Information and Instructions**

Statement of Purpose: The Medical Center Foundation and the Central Montana Medical Center are committed to the principles of social responsibility, community support and involvement with the Central Montana Hospital Service Area.

Grant Eligibility: The Foundation supports various groups and organizations that operate in the following broad community sectors: Education, Health and welfare, Arts and culture, Environment and community, Equal opportunity and advancement.

Preference is given to Non-profit groups that demonstrate community support and involvement, applicants that are working for the benefit of a wide range of stakeholders, applicants that demonstrate how the gift is to be spent and the expected outcome of the event. Applicants that commit to acknowledging the Foundations contribution through the placement of CMMC promotional banners, brochures, posters, etc.

Exclusions. The following are generally not eligible for support: Individuals, Advertising and promotions, churches or other religious groups, professional fundraisers working on behalf of an organization, generic requests ("to whom it may concern" requests), for-profit organizations.

All applications should include a completed grant request application with any relevant supporting documentation (supporting financial documentation, community needs assessment, letters of support)

Central Montana Medical Center

Medical Center Foundation
Grant Request : External Applicant



The mission of the Medical Center Foundation is to advocate confidence in, and support of the health services, programs and practioners of Central Montana.

Applying non-profit organization: _____

Requestor Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Entire Cost of Project: _____ (if applicable)

Amount of Funds Requesting: _____

****Feel free to attach your responses.***

Itemized Budget (please breakdown the project cost)

Briefly explain proposed project, including need, purpose and goals of your project and how it will benefit the Central Montana Medical Center and/or Central Montana communities?

Describe how you will implement the project, including specific activities and timelines:

Sources of Income: Identify sources of financial support for ongoing operating costs and maintenance for this project. Please be as specific as possible, identify other funds if applicable:

Number of people benefited by the project:

_____(Initial) Are you willing to give a five minute presentation on your grant application at the next Advisory Board Meeting, if requested?

The information provided to the Central Montana Medical Center herein is true and accurate. I understand that awarded funds must be expended in 365 days, a waiver may be requested. I understand that I will be responsible to complete a report of how funds were used.

Signature:

Print Name:

Title:

ACTION TAKEN by Advisory Board. ____ Recommended ____ Not Recommended

Recommended for \$ _____ Foundation Signature _____

ACTION TAKEN by CEO and/or Governing Board	___	Granted	___	Denied
Amount Granted \$	_____			
CEO/Governing Board Signature	_____		Date	_____