



CAMC Foundation

# Grant Application



Please Print

Date: \_\_\_\_\_ Department Name: \_\_\_\_\_

Department Address: \_\_\_\_\_

Department Charge Number: \_\_\_\_\_

Amount of Grant Request:\$ \_\_\_\_\_ Total cost of Project:\$ \_\_\_\_\_

Applicant (employee name): \_\_\_\_\_

Applicant phone number: \_\_\_\_\_ Applicant e-mail: \_\_\_\_\_

Description/name of project to be funded: \_\_\_\_\_

- Please attach quotes for costs if applicable.
- Please attach photos if applicable.

- Please attach budget for the project
- Please attach additional pages, if needed for your narrative

Describe the project goals: \_\_\_\_\_



CAMC Strategic Initiative to which project relates:

- \_\_\_ Best place to receive patient-centered care
- \_\_\_ Best place to learn
- \_\_\_ Best place to work
- \_\_\_ Best place to refer patients/market growth
- \_\_\_ Best place to practice medicine

How will this project benefit CAMC? \_\_\_\_\_



What patient base will be served if the project is funded? \_\_\_\_\_



What are the outcomes or results expected should this project be funded? \_\_\_\_\_



Is this project receiving additional funding? Yes \_\_\_\_\_ No \_\_\_\_\_

If additional funding is being received, please list source(s) and the dollar amount: \_\_\_\_\_

How will this project be funded in the future if it is to be an ongoing program? \_\_\_\_\_



PLEASE INCLUDE APPROPRIATE SIGNATURES AS INDICATED IN GRANT GUIDELINES

Applicant: \_\_\_\_\_

Print

Signature (Typed if submitting electronically)



Additional Signatures: \_\_\_\_\_