

San Juan Healthcare Foundation Grant Application

Mission:

We develop the resources that go towards the improvement of health and wellness in the Montrose region. These resources are for the advancement of charitable, scientific, or educational healthcare needs.

Organization:			
Mailing address:			
Name of person filling out application:			
Email:	Phone:		
Name of CEO/Executive Director, if different than above:			
501(c)3 Number:			
Mission:			

Amount Requested			\$
Item	Amount	Source	Status (circle one)
	\$	SJHF	Pending
	\$		Pending/Committed
	\$		Pending/Committed
	\$ \$		Pending/Committed Pending/Committed
			Pending/Committed Pending/Committed

Budget narrative: describe the budget above, including how the project will move forward if only partial amounts are awarded from the San Juan Healthcare Foundation or other sources.

How will San Juan Healthcare Foundation be recognized for the donation:

Return to San Juan Healthcare Foundation 800 S. 3rd Street Montrose, CO 81401 c/o Leann Tobin or email <u>acchavez@montrosehospital.com</u>

Narrative:

Please use no more than 3 pages total to answer the following questions.

- 1. Brief history of your organization, its history, and how it has worked to address healthcare in the region.
- 2. What is the project?
- 3. What portion is the San Juan Healthcare Foundation being asked to support? Include goals and objectives.
- 4. What is your timeline for completing this project? How soon do you need the grant awarded?
- 5. How will this fulfill a specific healthcare need?
- 6. How will this align with your mission as well as the mission of the San Juan Healthcare Foundation?
- 7. How will you sustain this project? Will you require additional funding for this project from San Juan Healthcare Foundation in future years?
- 8. What will be considered successful implementation of the project?
- 9. Are there any partnerships?
- 10. Is there anything else the San Juan Healthcare Foundation should know to make an informed decision?

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