



## Community Grant Request

The mission of Beaver Dam Community Hospitals Foundation is to enrich lives to create healthy communities through meaningful relationships built on gratitude and philanthropy.

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Tax ID# \_\_\_\_\_ 501(c)3      No       Yes   
Please include a copy of your status.

Project Title: \_\_\_\_\_

Name of Item to be purchased: \_\_\_\_\_

Quantity Requested: \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Expected Benefits: \_\_\_\_\_

How many people will be affected by this project or program? \_\_\_\_\_

What process/procedures have been established to administer this project/program? \_\_\_\_\_

If this is an ongoing project and BDCHF awards funds for this program/project this year, how will the program/project be funded in subsequent years? \_\_\_\_\_

Have you received funding or support from other organizations for this project or program? If so please describe.

\_\_\_\_\_

**Please provide copies of the following items when returning this form:**

- Written articles of incorporation or by-laws or other written document / statutes that define the applicant's purposes, membership, management and operation.
- A copy of your 501 (c)(3)
- If needed, please attach extra pages with additional / supporting information about your project/program.

**Contact person for further information or clarification:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**If approved, BDCHF reserves the right to forward media releases to the appropriate agencies as this project may be used for marketing purposes.**

For additional information please contact us at:

[BDCHFoundation@marshfieldclinic.org](mailto:BDCHFoundation@marshfieldclinic.org)

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**For Foundation Use Only**

Approval Date: \_\_\_\_\_

Fund: \_\_\_\_\_

Donor Perfect Record Date: \_\_\_\_\_

Submitted to Finance Date: \_\_\_\_\_