



LakeWood Regional Healthcare Foundation

600 Main Ave S.
Baudette, MN 56623

Phone: (218)634-3454

Fax: (218)634-1094

Funding Requests for Community Programs and Projects

APPLICANT INFORMATION

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person/Title: _____

Telephone: _____ Email Address: _____

IRS Tax Exempt Status (Check One): Public 501(C)(3) Federal I.D. #: _____

PROJECT/PROGRAM INFORMATION

1.) Name of Project/Program to be funded: _____

New Project/Program Continuing Project/Program-Year Established _____

2.) Brief Program/Project Overview and Rationale:

(Briefly describe your program/project and how it addresses one or more of the Foundation's initiatives)

3.) Objectives and/or Goals of the Program/Project

4.) Briefly Describe how the funds will be used:
(Please attach pictures/quote, descriptions as applicable)

5.) Total Project Cost: _____

Amount Requested from Foundation: _____

6.) If LakeWood Regional Healthcare Foundation were only able to grant a portion of the money you have requested, would you be able to complete this program/project? Yes No

Why or Why Not?

Authorized Signature of Applicant: _____

For Internal Office Use Only

Date Received: _____

Reviewed By Board of Directors: ____ Yes ____ No
Date Reviewed: _____

Reviewed by Chairperson and Foundation Director: ____ Yes ____ No
Date Reviewed: _____

Approved: ____ Yes ____ No

Signature of Chairperson: _____

Funding Notification Date: _____