Community Reinvestment Funding Application

San Juan Regional Medical Center's mission is to personalize healthcare and create enthusiasm and vitality in healing.

Date: _____

Contact Name: _____

Organization: _____

Purpose / Mission of your Organization: _____

_____

_____

Phone: _____

Address: _____

City / State / Zip: Date: _____

E-Mail: _____

Mobile: _____

Tax Exempt Status: _____ IRS 501(c)3 _____ Government Agency / School

_____Other (specify): _____

*applicants must submit a current IRS determination letter as proof of the organization's not for profit status.

How much funding is being requested and for what type of program (check below)? $_____

_____ Seed Money: new project needing funding to get started. Funding may be available for three years with the amount reduced by 50% each year.

_____ One Time Funding: Funding for one specific amount with no further funding needed.

_____ Ongoing Funding: For projects that the Community Involvement Committee deems appropriate for addressing community health needs on a continual basis. Annual reporting by the requesting entity and review of the project is mandatory for the Community Involvement Committee.

Organization & Program Description

Please provide a brief description of the need / project; please include information on demographics, service area, timeframe of program, whether volunteers or consultants will be used, oversight of the program, and anything else pertinent to the program. _____

_____

_____

_____

_____

SAN JUAN REGIONAL MEDICAL CENTER

How will this project meet community health needs? _____

_____

_____

_____

_____

How will you measure results? _____

_____

_____

_____

If approved, how will San Juan Regional Medical Center be recognized for the funding?

_____

_____

_____

Does your organization receive funding from any other source(s)? If yes, please specify below:

_____

_____

_____

Please submit a budget with your request. Funding requested should not exceed 40% of the total budget for seed money or one-time funding.

If the funding request is approved, you will be asked to provide San Juan Regional Medical Center with a post-funding executive summary report. Failure to submit a post-funding report could impact future requests for funding.

_____
Name

_____
Date