

GRANT APPLICATION

Name of Applicant \_\_\_\_\_

Organization or Department \_\_\_\_\_

Applicant Email \_\_\_\_\_

REQUEST:

State the nature of the request:

How would this serve patients at Mayo Health Systems Fairmont Hospital??

What is approximate cost?

Other information that would be helpful: (attach additional pages if needed)

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date

\_\_\_\_\_ Administrator Signature (required) \_\_\_\_\_ Date

\_\_\_\_\_ Approval Signature (FCHF) \_\_\_\_\_ Date

Please send electronically to Kayla Caven, FCH Foundation Executive Assistant, at [foundationfch@gmail.com](mailto:foundationfch@gmail.com) or by mail to Kayla Caven at P. O Box 826 Fairmont MN 56031. Grant applications are reviewed by the Grant Committee of the Foundation with recommendation given at the next FCH Foundation Board meeting.