

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 or by mail to Kayla Caven at P.O. Box 804 Fairmont, MN 56031. Grant applications are reviewed by the Grant Committee of the Foundation with recommendation given at the next FCH Foundation Board meeting.