



## Foundation & Medical Center Grant or Sponsorship Request Form

Please complete this form in its entirety (attach pages as needed) and return to:

FCCM Grants and Sponsorship

214 Peach Orchard Road, McConnellsburg, PA 17233

Today's Date: \_\_\_\_\_

Name of Organization Making Request: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Contact Person Phone #: \_\_\_\_\_

What are you requesting?     A Sponsorship     A Grant     An Ad  
    A Gift Basket     Logo Items     Monetary Donation  
    Other \_\_\_\_\_

To help us determine if this is a grant or sponsorship request: Will the FCCM logo or name be used in any of your publicity or on any of your items?

Yes\_\_\_\_No\_\_\_\_. If yes, please describe how the FCCMCF Logo will be used: \_\_\_\_\_  
\_\_\_\_\_

If monetary, amount of your request: \_\_\_\_\_

Please describe your need and how this impacts health and wellness in our community:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this is a grant request, what is the way in which you will measure the impact of your health program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Needed by: \_\_\_\_\_ **PLEASE ALLOW 6-8 WEEKS FOR PROCESSING**

Please attach any documentation that you would like us to review along with this completed application.

**For FCCM & Foundation Use Only**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_ Approved/Disapproved by: \_\_\_\_\_

If Approved, amount:\$ \_\_\_\_\_, Check #: \_\_\_\_\_, Item: \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_