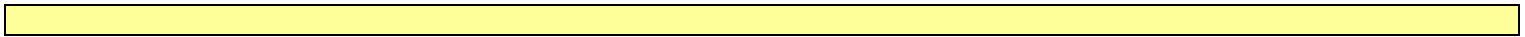




MCMC Foundation Funding Request Form



Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Contact Person: _____ Email: _____

Amount Requested: _____ Total Project Cost: _____

Estimated Value: _____

Explain the intended use of the funds:

If there is an increase in the level of funding you are seeking from a previous request, please explain why:

New program Existing program Explain: _____

Other Sources of funding: _____

How will the remaining funds be raised for this project?

Community / Area served by this project: _____

If this is not an event, how many people will be impacted by this project? _____

How will the community benefit from this project?

Are you currently a Murray County Medical Center employee?

Yes

No

Has the organization previously received funding from the MCMC Foundation in the past?

Yes

No

If Yes, what was the amount? _____

If "Yes" – What were the funds used for:

This request for funding is being respectfully submitted for consideration. I believe that the facts stated/provided in this document are true.

Print Name: _____

Requesting Organization Representative

Signature: _____

Signature / Requesting Organization Representative

On behalf of the MCMC Foundation, thank you for completing the MCMC Foundation Funding Request Form.

Sincerely,

MCMC Foundation
2042 Juniper Ave.
Slayton, MN 56172

Please return this form with any background information or support materials to the below contact at your convenience. Questions can also be directed to the below contact:

MCMC Foundation
2042 Juniper Ave.
Slayton, MN 56172

Phone: 507-836-1231

Email: foundation@murraycountymed.org
marketing@murraycountymed.org