



Phelps Memorial Hospital Foundation Grant Application

Phelps Memorial Health Center Grants

Phelps Memorial Hospital Foundation offers grants to non-profit organizations for the betterment of our community in support of programs that focus on the areas of basic needs, children and youth, older adults, human diversity, health, family issues, environmental enhancement, and cultural arts. Emphasis on programs focus on several areas including: cancer, diabetes, physical activity, accessibility/affordability, heart disease and stroke.

Limitations of Grant Support

- To individuals
- To support operating expenses of well-established organizations, public service agencies (including salaries)
- To support annual fund drives
- To eliminate previously incurred deficits
- For travel or related expenses for individuals or groups

Applicant Information:

Organization Name (list fiscal agent for collaborations): _____

Tax Status: 501(C)3 501(C) Government Org School Church

Address: _____

Phone Number: _____

Email Address: _____

Website: _____

Contact Person: _____

FED TAX ID: _____

- Include a copy of the letter from the federal government granting this organization tax exempt status.

Purpose of Request (Need, problem, opportunity):

Please tell us about your project. (Include need and purpose for the project, approximate number of people it will serve, is it accessible to the community, explain those who this grant will impact.)

Funding Request / Budget Summary:

Amount Requested: _____

Does your request impact any of the following areas (please check):

- Cancer
- Physical Activity
- Stroke
- Diabetes
- Obesity/Overweight
- Heart Disease
- Accessibility/Affordability
- Health/Wellness
- Other _____

Please list the names and contact information of those who will be directing the project:

Financial Plan

Budget Summary for this Proposal

- | | |
|---|----------|
| 1. Applicants Contribution from Operating Funds, if any | \$ _____ |
| 2. Amount of Other Pending Requests, if any | \$ _____ |
| 3. Amount of Other Confirmed Requests, if any | \$ _____ |
| 4. Amount of this Request | \$ _____ |
| 5. Total Proposal Income (1 + 2 + 3 + 4 = 5) | \$ _____ |
| 6. Total Proposal Expense | \$ _____ |
| 7. Balance: (5 – 6 = 7) | \$ _____ |

If your grant request is approved, when will funding be needed? _____

Evaluation

If the grant requested is approved, the ‘Phelps Memorial Hospital Foundation Grant Reporting Form’ will be required to be completed no later than Feb. 1 of the following year you receive grant funds. This form will include an evaluation summary and itemized list of expenses.

Return completed application and attachments to:
Phelps Memorial Health Center Foundation
1215 Tibbals St.
Holdrege, NE 68949

Application may be emailed to klberry@phelpsmemorial.com

Questions: Call 308-995-2948 or email klberry@phelpsmemorial.com

Signature: _____

Print Name: _____

Title: _____