



# Grant Application

*For projects or programs at the North Colorado Medical Center*

Date of Application:
Applicant's Name:
Applicant's Title:
Department for which funding is requested:
Amount Requested:
Brief description of project or program for which funding is requested:
Name of Foundation Fund from which grant is requested:
How will the purchase be arranged through NCMC Accounting? <i>(i.e.: Expense Reimbursement, Purchase Order, Check Request)</i>

## Required Approval

**PLEASE NOTE:** ALL Continuing Education Grant requests MUST be approved by a department manager or director and are reserved for full time or part time employees who spend 60% or more of their time at NCMC. *Employees of Banner Corporate, Banner Staffing, Banner Medical Group, Fort Collins Medical Center, McKee Medical Center or per diem are not eligible.*

- Print this form and obtain approval with written signature(s)
- Attach documentation to support the request and submit to the NCMC Foundation offices via hard copy at the address below or e-mail to Diana Wood at [diana.wood@weldlegacy.org](mailto:diana.wood@weldlegacy.org).

**ALL grant requests require approval from the following.**

	SIGNATURE	DATE
Department Manager or Director		
NCMC Foundation Representative		