



# Grant Application

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

<b>Date of Application:</b>
<b>Applicant's Name:</b>
<b>Applicant's Title:</b>
<b>Department for which funding is requested:</b>
<b>Amount Requested:</b>
<b>Brief description of project or program for which funding is requested:</b>
<b>Name of Foundation Fund from which grant is requested:</b>
<b>How will the purchase be arranged through NCMC Accounting?</b> <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 director or manager 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**
- **Attach documentation to support the request and submit to the Weld Legacy 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.**

*Did you discuss this request with your SLT Leader prior to submission? An unchecked box will result in application being declined. Patient Support Fund applications are exempt from this step.*

DEPARTMENT DIRECTOR OR MANAGER SIGNATURE	TITLE	DATE