



Internal Grant Application

Floyd Memorial Foundation funds are distributed twice a year or for emergency needs as determined by the Foundation Grants Committee. Funding comes from donations designated "where the need is greatest," to service line funds or current focus projects. Distribution is determined by the Foundation Grants Committee. Some grantees may be asked to formally present their request to the Grants Committee. Deadlines to submit grant requests are April 30th and October 31st.

Unit/Department: _____ Service Line: _____

Requested by: _____ Title: _____

Phone Number: _____ E-mail: _____

Date: _____ Grant Amount Requested: \$ _____

Please complete the questions below. Print or type clearly. If the question does not apply to your request, please answer "N/A."

1. Provide a detailed description and purpose of the project or equipment need.
2. How will grant funding from Floyd Memorial Foundation be utilized?
3. Describe how grant funding will benefit Floyd Memorial Hospital patients and/or associates.
4. If applicable, describe how this project/equipment will improve or impact the health status for the Southern Indiana community.
5. Identify the evidence of need for this project or equipment.
6. If a new project, what is the timeframe of the project?
7. Can the department submit measurable results for the project/equipment requested from grant funds received?
8. Please attach a detailed budget for the project and/or two (2) estimates for equipment requested. Include both the projected program budget revenues and expenses.
9. What implications will the department encounter if grant funds are not awarded?
10. Is the department seeking other sources of funding or support for this project/equipment? If so, please identify.

Supervisor Approval: _____ Date: _____

Date Received: _____ Grants Committee Review Date: _____ Foundation Response: _____