



## Grant Application

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

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| <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><br><i>(i.e.: Expense Reimbursement, Purchase Order, Check Request)</i> |

### Required Approval

**PLEASE NOTE:** ALL Continuing Education Grant requests MUST be approved by NCMC's Executive Leadership team 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.* Additionally, all requests including travel require Senior Management Team approval prior to submission to the Foundation. Copy of approval must be attached.

- **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 Randie Lieser at [randie.lieser@weldtrust.org](mailto:randie.lieser@weldtrust.org).**

**ALL grant requests require approval from the following managers/directors.**

| MANAGER  | SIGNATURE | DATE |
|--|-----------|------|
| Department Manager or Director   |           |      |
| Administrator <i>(For requests of \$1,000 or more, or ANY education)</i> |           |      |

**Submit application to NCMC Foundation after above is completed.**

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| NCMC Foundation Executive Officer  |  |  |
| NCMC Chief Executive Officer<br><i>(For requests of \$1,000 or more, or ANY education)</i> |  |  |