



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 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.

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

Please print this form and obtain approval with written signature(s) on a hard copy.

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.

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