

# Wilkes Medical Center Foundation

## Grant Application Request

Date of Application: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Brief Summary (Describe your proposed project/program. List key activities and timeline. All projects/programs must be implemented in Wilkes County using local contractors):**

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Total Project Cost: \_\_\_\_\_

Funding Amount Requested: \_\_\_\_\_

Proposed Project Start Date: \_\_\_\_\_

Proposed Project End Date: \_\_\_\_\_

**List the measurable outcomes that you expect to achieve. Include your goals, targets, and timeframes for each (how much, by when, etc.)**

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**How does this project improve the health or impact the well-being of the people of Wilkes County?**

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**All applicants who request funding from the WMC Foundation will be required to present their request to the WMC Foundation Board prior to approval. Following the funding support, the applicant must agree to present to the WMC Foundation Board reports, as set forth in the application, of the results and measurable metrics demonstrating the impact of the project on the community and confirm key objectives are met. All requests for project support must be accompanied by an itemized list of estimated expenses. Once complete, receipt copies for actual expenses must be submitted to the WMC Foundation Board. Any funding provided by the WMC Foundation which remain following project completion must be returned to the WMC Foundation.**

**Identify the person who will be administering the project (name, contact information):**

**Name:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

\_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_