Grant Application Form
Menomonie Community Health Foundation

Note: Grant requests will be considered three times a year. The application must be received by January 15, May 15, or September 15. Award announcements can be expected in mid to late February, June, or October, respectively. **NOTE: For 2009, the deadline for all grants is May 15, 2009.**

1. _____
   Title of project or grant request

2. _____ _____ _____
   Organization requesting this grant | Federal ID number | Date

3. _____ _____
   Contact person's name and title | Daytime phone

4. _____ _____ _____ _____
   Address | City | State | Zip code

5. _____ _____
   Fax number | E-mail address

6. Check one: _____ Red Cedar Medical Center project
   _____ Community Health project

7. Total Foundation funds requested _____

All projects require approval and signature of the governing body representative and all collaborators.

_____
Signature of the Proposer

_____
Signature of Board Chair (or designee)

_____
Signature of Collaborator, Title, Organization

_____
Signature of Collaborator, Title, Organization

Six copies of this application should be sent to: **Menomonie Community Health Foundation, Inc.,** PO Box 237, Menomonie, WI 54751. Applications arriving after a given grant cycle deadline will be considered in the next cycle. For more information, call the Community Health Foundation office at (715) 232-9557 or visit the web site at www.menomoniecommunityhealthfoundation.org

Revised 08-01-07