



BAY MEDICAL FOUNDATION

Community Initiative Grant Special Needs Request

Grant requests can be made by anyone in the community. Grant requests are due at the Foundation office by the 1st of January, April, July and October. You must submit a purchasing quote for the equipment/services and picture if possible. Grant request will be reviewed by the Foundation Grant Committee members.

Submit this form to:

McLaren Bay Medical Foundation, 1900 Columbus Ave., Bay City, MI 48708

Please call Judy Dallas at 895-4725 if you have any questions.

Date Submitted _____ Organization/Department _____

Name _____

Address _____ Phone _____

Have you applied to any other organization for grant assistance for this item? Yes No

If yes, please explain: _____

Name of Item Requesting: _____

Purpose/Function and why is it needed? *(Detailed information and copy of quote is required)*

What is the overall impact on healthcare in the community? _____

Number of individuals it will affect? _____

Cost of Item (Please attach quote with photo): \$ _____

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~FOR GRANT COMMITTEE USE ONLY~

Grant Approved: Yes No Approved or denied date: _____

Explanation for denial: _____

Fund Distributed From: _____