



PO Box 364 • Montpelier, Idaho 83254
www.BLMHospital.com/Foundation • 208-847-4450

Healthier Community Grant Application

NAME OF ORGANIZATION: _____

TYPE OF ORGANIZATION: (please check one of the following) NO GRANTS TO INDIVIDUALS

- Not-for-profit with 501c status under IRS Code (please include a copy of your determination letter from the IRS)
- Government Agency or Department
- Public Education Institution
- Other (please state type) _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____ E-MAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMMUNITY (IES) directly served by this grant (list all): _____

Project Purpose- Grant funds will be used to: _____

This project is needed because: _____

Have other sources of funding been sought? NO ___ YES ___ If so what sources: _____

Persons who will directly benefit from this project include: _____

How many people will benefit: Adults _____ Children/ Youth _____

Is this a new project? Yes ___ No ___ If NOT new how long has it existed? _____

Amount of request from Foundation: _____ **Total Budget needed for project:** _____

The amounts and sources of other committed funds: _____

Additional information for this grant can be submitted but shall not exceed one page in length.

Signature Applicants Representative

Title of person

Date signed