

Community Reinvestment Funding Application

***Better is our mission, improving lives through personalized health and care.***

Date: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Organization: Click or tap here to enter text.

Purpose / Mission of your Organization: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

City / State / Zip: Click or tap here to enter text.

E-Mail: Click or tap here to enter text.

Tax Exempt Status: IRS 501(c)3  Government Agency / School

Other:  (specify): Click or tap here to enter text.

\*applicants must submit a current IRS determination letter as proof of the organization’s not for profit status.

How much funding is being requested and for what type of program (check below)? Click or tap here to enter text.

­­­­ Seed Money: new project needing funding to get started. Funding may be available for three years with the amount reduced by 50% each year. Application must be submitted for each year’s funding.

One Time Funding: Funding for one specific amount during SJRMC’s fiscal year (7/1-6.30).

Organization & Program Description

Please provide a brief description of the need / project; please include information on how you will spend the funds, demographics, service area, timeframe of program, whether volunteers or consultants will be used, oversight of the program, and anything else pertinent to the program.

How will this project meet community health needs? Click or tap here to enter text.

How will you measure results? Click or tap here to enter text.

If approved, how will you recognize San Juan Regional Medical Center for the funding? This should not be an additional expense to the hospital and does not need to be extensive – it could be a simple plaque on equipment, recognition in a brochure for scholarships, etc. Click or tap here to enter text.

Does your organization receive funding from any other source(s)? If yes, please specify below: Click or tap here to enter text.

Please submit a budget with your request. Funding requested should not exceed 40% of the total budget for seed money or one-time funding. Please delineate how funding will be spent. Note: All funds must be spent within a year from the date it was granted.

If the funding request is approved, you will be asked to provide San Juan Regional Medical Center with a post-funding executive summary report. Failure to submit a post-funding report could impact future requests for funding. **Note: Acceptance of funding obligates the recipient to properly account for use of funds. Reports should specifically delineate how all of the funds were allocated.**