

BEAR LAKE VALLEY HEALTH CARE FOUNDATION
Senior Community Service Project Funds Request

Applicant's Name _____ Phone # _____

Project Name _____ Total Cost _____ Amount Requested _____

Coordinator's Signature _____ Principal's Signature _____

Narrative Description of Project

Please explain your project in detail. Explain **how** the community will be improved and **who** will benefit.

Projects are funded on the basis of the following priorities:

1. Availability of funds.
2. Impact or benefit for the community.
3. How long-term the impact or benefits will be felt in the community.
4. Ability to secure additional funds to finish the project.

Note: **ALL money** donated by the Foundation must be spent locally whenever possible. It is important to the Bear Lake Valley Health Care Foundation that our community benefits from these projects in every way, including by supporting local businesses.

After completion, this application should be submitted to Mr. Saunders for his approval. He will pass the application along to the principal for his signature and then will submit the application to the foundation.

