



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

### Senior Community Service Project Funds Request

Applicant's name/phone/email \_\_\_\_\_

Project Name \_\_\_\_\_ Total Cost \_\_\_\_\_ Amount Requesting \_\_\_\_\_

Who will benefit from your project? \_\_\_\_\_

How many people will it affect? \_\_\_\_\_

Anticipated start & finish dates \_\_\_\_\_

What other entities have you reached out to? \_\_\_\_\_

Coordinator's Signature \_\_\_\_\_ Principal's Signature \_\_\_\_\_

#### Narrative Description of Project

**Please explain your project in detail.** Attach additional pages if necessary. Your narrative needs to include how the community will be improved by your project.

**Projects are funded on the basis of the following priorities:**

- 1. Availability of funds.**
- 2. Impact or benefit to 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.**
- 5. Preference will be given to any projects that support better health for the community.**

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.

The application needs to be signed by the principal to confirm that your project is approved before being submitted to the Foundation for funding consideration.

