



# Application for Visiting Nurses Foundation Grant

Return completed form to Foundation office at  
222 S. Pearl St. Centralia, WA 98531 or email to  
vnbookkeeper@localaccess.com or fax to: (360) 623-1563

## MISSION STATEMENT

The Mission of the Visiting Nurses Foundation is to create funding for education and assistance of Home Health and Hospice patients and their families.

To be completed by the Organization/Individual: **DATE:** \_\_\_\_\_

### Select one:

IRS designated: 501(c)(3) 501(c)(4) 501(c)(6) 501(c)(19) 509(a)(1) 509(a)(2)

*\*Organizations with current tax-exempt status under Section 501(c)(3) of the Internal Revenue Service Code and that are also public charities under Section 509(a)(1) or 509(a)(2). Organizations must be listed in the most current IRS 50 State Master File at the time of application.*

Public School, Federal, State or Local Government Agency, Faith-Based Organization\*\*

Home Health & Hospice Agency

Individual

*\*\*Faith-Based Organizations: funding purposes must address and benefit the needs of the community at large.*

Organization Name/Individual: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Signature \_\_\_\_\_ Patient Name \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Pay to: \_\_\_\_\_

Pick up  Mail \_\_\_\_\_

Address City/State Zip

Will these grant funds directly benefit your LOCAL community: Yes No

What service does your organization provide to the local community?: \_\_\_\_\_

Specifically, how will funds from this grant be utilized to further our mission statement?:

Organization Representative: By signing below I acknowledge that this form represents a request for funding and is not a guarantee of funding. Final approval is subject to the guidelines of the Visiting Nurses Foundation. This request will not be processed unless completed and signed by all parties.

### Foundation Use Only:

Approved: Yes No Amount Approved: \$ \_\_\_\_\_ Grant # \_\_\_\_\_

Executive Director Approval: \_\_\_\_\_ Printed: \_\_\_\_\_

Administrative Assistant Approval: \_\_\_\_\_ Printed: \_\_\_\_\_

Notified: \_\_\_\_\_ Date: \_\_\_\_\_ Via: \_\_\_\_\_