



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
Faith-Based Organizations: funding purposes must address and benefit the needs of the community at large.
- Home Health & Hospice Agency
- Individual

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

CIRCLE THE COUNTY IN WHICH YOU LIVE

Adams Clallum Grant Jefferson Lewis Lincoln Mason Thurston

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

Specifically, What is the reason you are requesting these funds: Attach additional page if necessary.

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.

Signed: _____ Printed: _____ Date: _____

Foundation Use Only:

Approved: Yes No Amount Approved: \$ _____

Executive Director Approval: _____ Printed: _____

Notified: _____ Date: _____ Via: _____ Revised: 09/16