



Grant and Sponsorship Request Form

Please complete this form in its entirety and return to:
FCMC Foundation
214 Peach Orchard Road, McConnellsburg, PA 17233

Today's Date: _____

Name of Organization Making Request: _____

Address: _____

Contact Person: _____

Contact Person Phone #: _____

What are you requesting? A Sponsorship A Grant An Ad
 A Gift Basket Logo Items Monetary Donation
 Other _____

If monetary, amount of your request: \$ _____

Please describe your need and how this impacts health and wellness in our community:

Date Needed by: _____ **PLEASE ALLOW 2 WEEKS FOR PROCESSING!**

Will the FCMCF Logo or name be used in any of your publicity or on any of your items?
Yes ___ No ___. If yes, please describe how the FCMCF Logo will be used: _____

Please attach any documentation that you would like us to review along with this completed application.

For FCMC Foundation Use Only	
Date Received: _____	Date Reviewed: _____
Outcome: _____	
Date Letter Sent: _____	Approved/Disapproved by: _____
If Approved, amount: \$ _____, Check #: _____, Item: _____	
Additional Notes: _____ _____	