

Natchitoches Regional  
Medical Center  

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FOUNDATION

Dear Applicant:

Thank you for your interest in the mission and purpose of the Natchitoches Regional Medical Center Foundation (NRMCF) and the effort to create a healthy lifestyle and environment for the community. Eligibility for a grant is limited to 501 ( c ) ( 3 ) organizations and agencies in Natchitoches Parish that provide and promote healthcare services, health education and healthy lifestyles.

Capital items such as construction and remodeling projects, and salaries will not be considered. Grant applicants must match up to 50% of the funds awarded.

The completed application and information packet must be post marked by \_\_\_\_\_ and mailed to:

Natchitoches Regional Medical Center Foundation  
Attention: Cathy Jacobs  
501 Keyser Ave; Natchitoches, LA 71457

A technical review of all applications will be completed and those not meeting criteria will not be considered. Recipients will be selected by the Board of Directors and will be notified by mail within ten days of the selection process.

Once the grant is accepted, a six month update is required in writing and a full evaluation on the anniversary date of the grant must be provided.

Please include the following in your application packet:

- ✚ Completed application form
- ✚ List of Board Members and their addresses
- ✚ Project Narrative
- ✚ Financial Statements (including budget for program)
- ✚ Recent copy of 501 ( c ) ( 3 ) IRS tax exception
- ✚ Two letters of community support for the proposed project.

Thank you for your participation,

NRMCF Board of Directors

**NATCHITOCHEs REGIONAL MEDICAL CENTER  
FOUNDATION  
GRANT APPLICATION  
FOR HEALTH RELATED PROJECTS  
IN NATCHITOCHEs PARISH**

**I. APPLICANT INFORMATION**

**A. Name of Agency/Organization:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**B. Name and title of authorizing official (president/chairman/responsible party) including address, phone number and email:**

\_\_\_\_\_  
\_\_\_\_\_

**C. Name and title of project manager, including address, phone number and email:**

\_\_\_\_\_  
\_\_\_\_\_

**D. Mission of agency/organization (not to exceed 60 words):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Please attach a list of board members and their addresses (or contact information).

F. Please attach a copy of your 501 (c) (3) IRS designation.

## II. PROJECT INFORMATION

A. Name of project: \_\_\_\_\_

B. Grant amount requested: \_\_\_\_\_

## III. FUNDING HISTORY

A. Have you applied to NRMC Foundation for a grant previously? \_\_\_\_\_

B. Date: \_\_\_\_\_ Were any funds granted? [ ] Yes [ ] No

Amount granted: \_\_\_\_\_

If so, state if this request is for the same project or a different project: \_\_\_\_\_

C. Have you applied to any other organizations for this same project?

[ ] Yes [ ] No Please explain.

\_\_\_\_\_  
\_\_\_\_\_

## IV. FINANCIAL/BUDGET INFORMATION

A. Cost of Current Project (Please be as specific as possible): \_\_\_\_\_

B. What percentage of total amount of project does your grant request represent? \_\_\_\_\_

C. Please attach your agency's financial statements for the past 24 months and program budget.

D. Attach Program Budget

Are funds to be used for:     Consultant Fees        (amount) \_\_\_\_\_  
     Materials/Equipment(amount) \_\_\_\_\_  
     Services                                (amount) \_\_\_\_\_  
     Marketing/Promotion(amount) \_\_\_\_\_  
     Other                                        (amount) \_\_\_\_\_

**Please explain above expenditures:**

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**E. Status of amounts currently requested, received, or pledged from other sources for the past 5 years.**

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**V. THE PROJECT NARRATIVE:**

Please attach on a separate page. The narrative should be a maximum of 300 words. Include the purpose of the project, who will benefit, the impact on the community, the on-going sustainability of the program and contact information of the project manager. The project must be health related. Please provide 5 copies of completed application.

**VI. CONTACT INFORMATION:**

Natchitoches Regional Medical Center Foundation  
 ATTN: Cathy Jacobs  
 501 Keyser Avenue  
 Natchitoches, LA 71457  
 Phone #: 318-214-4513  
 Email: cathy.jacobs@nrmchospital.org

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**FOR STAFF USE ONLY:**

Technical Review:  Complete     Incomplete

Date application received: \_\_\_\_\_ Amount requested \_\_\_\_\_

Staff recommendation to the board (approval of total or partial amount, denial, explanation): \_\_\_\_\_

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Board     Approved     Denied    Date: \_\_\_\_\_

**NRMC FOUNDATION  
COOPERATIVE AGREEMENT  
WITH GRANTEE**

*If the grant is approved, you must agree to send in writing and signed by a responsible party, a six months report on the project's status and on the anniversary date or completion date, a final report must include how funds were used, who received the benefits of the funding, and when and if the project was completed.*

*You must agree to return the total amount of grant funds or the proportionate unused funds if the project is not developed and/or if discontinued before the agreed upon completion time.*

**I agree to the above:**

**Signature of Authorizing Officer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_