



**GREAT PLAINS GIVES PROGRAM
CHARITABLE CONTRIBUTION APPLICATION**

Great Plains has a long tradition of improving the health and wellbeing of the communities we serve. Whether it's through partnerships with local organizations, financial resources or the many thousands of hours each year that our employees and physicians give through volunteering, we strongly believe that we have a corporate responsibility to help ensure the continued success of the North Platte region.

Each year, we dedicate thousands of dollars to assist local non-profit, 501C-3 organizations who are working on projects designed to improve the health and wellbeing of the communities we serve. As part of the Great Plains Gives program, our Charitable Contributions Committee meets the second Thursday of every month to review applications. The group approves or denies donation and sponsorship request based on mission alignment, funds availability and completed applications.

To request a Great Plains Gives charitable contribution, please complete the following brief application and return it to:

**Great Plains Health
Great Plains Gives Program
Attn: Mary Roberts | marketing manager
601 West Leota St.
North Platte, Nebraska 69101**

Deadline: All fully-completed applications must be submitted to Great Plains Health no later than the first Tuesday of the month you wish to receive funds in that month. You will be notified of the committee's decision no later than a week following the monthly charitable contribution committee meeting.

If you have any questions about the application or the process, please contact Megan McGown via email at mcgownm@gphealth.org or telephone at 308.568.7531.

Requesting organization _____

Contact person _____ **Phone number** _____

Email address _____ **Date funds needed** _____

Amount requested _____

Materials or supplies request (if applicable) _____

If approved, please mail check to: _____

1) How many lives will this charitable funds request touch? _____

2) Who is your intended audience? _____

3) What 501C3 organization will receive the funds? _____

4) Describe how this charitable funds request will be used?

5) Describe how this charitable request improves the health and wellness of the communities we serve?

6) If applicable, please describe will this contribution be promoted throughout the community.

PLEASE ATTACH ANY SUPPORT MATERIAL YOU HAVE AVAILABLE (IE: Event flyers, brochures, etc.).

For Great Plains Health's use

Date received _____

Review/decision date _____

Approval: Y / N amount _____

Application notes: