## Humboldt General Hospital Community Giving Committee Application for Funding

RECIPIENT	Internal Use Only
Name of organization:	Date received:
Contact person:	Recommendation:
Mailing address:	
Phone: Email:	Approved by:
EIN number: Additionally, please provide a copy of your 501(c)(3) determination letter	CGC Chairman
DONATION TYPE	 CGC Rep
The Humboldt General Hospital Community Giving Committee specifically donates to 501(c)(3) organizations/ programs/events that contribute to the overall health, wellness and safety of the Humboldt County community. HGH supports all community sports organizations through its annual Free Sports Physicals and therefore does not provide additional funding to individual sports programs and/or groups.	
Does your organization/program/event meet this criteria: Yes No	
How does your organization/program/event address the health, wellness and safety of the community?	
If request is for an event, list the date and name of the event:	
How many people will benefit directly from your efforts? Please provide a specific number	
How will the funds you are applying for be used? (How will they address local community needs?)	
AMOUNT	
Amount you are requesting from the Humboldt General Hospital Community Giving Committee:	
Total amount required for your organization/program/event: \$	
OTHER DONATIONS	
Have you approached other organizations for support for this particular program/project? Yes No	
How much has been given by other sponsors? Please provide names, amounts and dates	
Please provide a testimonial in letter form regarding how the funds from the HGH Community Giving Committee benefitted your organization/program/event. Photos and/or other documentation are encouraged.	
I certify that the information above is correct and that Humboldt General Hospital's donation, if approved, would be used solely as described above.	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_