



OUR LADY OF BELLEFONTE HOSPITAL
Bon Secours Kentucky Health System

Our Lady of Bellefonte Hospital Foundation Community Support Fund Application

Our Lady of Bellefonte Hospital (OLBH) recognizes that not-for-profit organizations fill an important role in improving the quality of life of the Tri-State community. To encourage and assist not-for-profit organizations, OLBH has established a system to fund qualified, local, not-for-profit organizations.

The OLBH Community Support fund is designed to foster new services or expand existing services. The information provided in the application should be specific to the particular program for which community support funding is being requested. If funding is approved, a report of how funds were used will be required to be completed and returned to OLBH within one year of receipt of funding.

Please return the completed Application and W-9 to:

Our Lady of Bellefonte Hospital Foundation
Attention: Luann Serey
1000 Saint Christopher Drive
Ashland, KY 41101

ATTACHMENTS: A completed W-9 must accompany all requests; the funding request will not be considered without a completed W-9 form.

Please Contact **Luann Serey** at (606) 833-3653 with any questions or
Email: Luann_Serey@bshsi.org

**Our Lady of Bellefonte Hospital Foundation
Community Support Fund Application**

Date_____

General Information

Agency's Legal Name:

Physical Address:

Mailing Address:

Phone:

Fax:

E-Mail Address(s):

Web Address:

Director:

Phone:

Agency Contact:

Phone:

Fiscal Agent:

Phone:

Total amount of funding requested: \$_____

Date funds needed:

The above funding requested is for:

_____ A single program

_____ Overall Agency Support

_____ Fundraiser or event

Geographic area(s) most affected:

Brief history and purpose of the organization:

Brief summary of project/request:

Duration of project/request:

Other sources of donations or funding (please list):

Project/program objectives and performance measurement:

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Signature of Authorized Official

Printed Name

Date