



## Sample Application

This is a template application for the Medica Foundation Rural Health funding area. To submit a formal application, you must login to our online portal to complete and submit the appropriate application forms. Email submissions are not accepted.

### Organization Information

Organization Name

Address

Phone Number

Website

Federal ID/Employer Identification Number (EIN)

Provide your organization's primary mission and a brief history of your organization, including the date your organization was established. (Limit 300 words)

Organization Primary Contact Information (Chief Officer, President or Executive Director)

Proposal Primary Contact Information

### Proposal Information

Requested Amount

Total Organization Budget

Proposed Project Start Date

Briefly tell us about your community and the health needs of the people you serve.

What percentage of your programming is health related?

Briefly describe the **health-related programming** that is core to your organization's mission.

How will the Medica funds be used to support the health related programming?



List key health outcomes/accomplishments from your most recent fiscal year.

How many people does your organization expect to serve this year?

Explain how you arrived at the above numbers.

Coding Areas (drop-down menus in the application)

- Rural Health Focus
- Population Served
- Ethnicity
- Age Group
- Geographical Area Served

SAMPLE