

The Wayne Memorial Hospital Foundation's mission is to raise funds and awareness for projects and services that provide quality health care close to home at Wayne UNC Health Care for residents of Wayne County and surrounding areas. Funds raised by the Foundation will be used to:

- Provide scholarships to attract and retain skilled nurses
- Fund medical technology and equipment
- Support facility upgrades to keep patients safe and deliver better care
- Promote wellness programs to improve health in the community

The Foundation is currently only accepting applications for funding from internal departments at Wayne UNC Health Care. All funding requests are subject to Board approval.

Contact Information (of person completing the application)

Name: _____ Title: _____
Department: _____
Office Phone: _____
E-mail: _____
Name of Department Leader: _____
E-mail (of Department Leader): _____
Name of SVP/VP: _____
Additional information about department/services and patients served: _____

Brief Summary of Request (limit 250 words)

Provide information about what the funding is for: briefly describe the equipment, program or other items that the funds will cover.

Project Start Date (please indicate when you need the funds): _____ (mm / dd / yyyy)

For Internal Use Only

Date Received: _____

Processed: _____

Approved: _____

Statement of Need (limit 250 words)

Provide information as to why this project is needed – outline the benefits to the hospital, your department, and the patients that receive care at Wayne UNC Health.

Budget

Total Cost of Project: _____

Amount Requested from Foundation: _____

Please List Other Sources of Funding: _____

Have you requested funding from Wayne UNC Health Care for this project? Yes No

The WMH Foundation collects data to help show the impact of this funded project. You will be responsible for ensuring that this data is submitted to the Foundation office as needed.

The Wayne Memorial Hospital Foundation will notify all applicants of the status of their request within 30-45 days of receipt of this application. Please note that funding requests in excess of \$500 will require Board approval and additional time may be required to complete these requests.

Once you have completed this form, please send a copy to the Wayne Memorial Hospital Foundation Office:

Monday – Friday 8:30 AM – 5PM
2700 Wayne Memorial Drive
Goldsboro, NC 27534
jacqueline.kannan@unchealth.unc.edu
(919) 587-4895

Signature of Applicant: _____
Signature of SVP/VP: _____
Signature of CEO: _____

Date: _____
Date: _____
Date: _____