Hospital Authority of St. Marys
P.O. Box 5091
St. Marys, GA

Funding Request Form

1) Organization name, address, phone number and email address

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_____

2) Date of request: _____

3) Name and title of person responsible for request

_____

4) Description of organization

_____

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5) How does the request for funds support the programs of the Senior Center

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6) Amount of funds requested (once, monthly, annually, etc.)

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7) Estimate of number of St. Marys seniors to be served and describe the established method of accountability for funds that will be used

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8) Duration of Program/Service

_____

Please attach a completed W-2 form if appropriate

Funding Request Approved/Denied_____

Date: _____