

LINDSAY LOCAL HOSPITAL DISTRICT

A CALIFORNIA SPECIAL DISTRICT FOR HEALTH CARE
Post Office Box 234, Lindsay, California 93247

GRANT APPLICATION

The Lindsay Local Hospital District will receive and review all Grant Applications and requests for assistance pursuant to its policies and guidelines. A Grant Application will be done by all persons/entities requesting grant funding or assistance from the Lindsay Local Hospital District.

The Hospital District is a special district for health care, and is limited to what it may fund and furnish assistance to. Please review the requirements in California Health and Safety Code, §32121.

All Applicants are to complete the Grant Application. Then, contact the Board Secretary, submitting the application and requesting to be put on a meeting agenda. The Applicant shall send a representative to the meeting to discuss the application in open session of the Directors, and to submit the application for consideration.

Grant Applications may be submitted on line using this form, or by following the same format, and submitted in writing by the Applicant(s).

Applicant Name:	
Applicant Information: Address, phone, website	
Applicant Organization:	Person/Individual/Small Business Company/Corporation Municipal/Governmental Entity
Contact Information: Contact name, phone number, email)	

Applicant Information: Description of applicant	
Grant Request Summary :	
Project/Grant Details:	
Project Budget:	
Other Information/Details	