



COMMUNITY GIVING PROGRAM- SUPPORT APPLICATION FORM

REQUESTOR INFORMATION

Organization's Name:

Applicant's Name:

Mailing Address:

City / State / Zip:

Contact Name /Title/Department:

Phone / Fax / E-mail:

PROGRAM INFORMATION

Application Date:

Date(s) of Activity:

Title of Activity:

Location of Activity:

Target Audience:

Expected Number of Participants:

How can Geneva best support your program or activity (i.e. food/beverage donations, program materials, etc.)?
If the activity is accredited, please complete:

- Name of CME/CE Credit Provider:
- Number of CME/CE Hours Accredited:
- Are you seeking support from other sources?
- If yes, please name the grantor(s):

SUPPORTING INFORMATION

Please attach the following to your application.

- Activity objectives (what educational need does the program fulfill)
- Activity correlation to Geneva's Mission (to promote and support the advancement of military medicine)
- Activity correlation to Geneva's Core Values (Integrity, Teamwork, Innovation, Quality, Superior Customer Service and Respect for All)
- Activity agenda and description
- Activity budget and description



- Please indicate if this is an annual event
- Please state how Geneva will be recognized at your event (i.e. recognition in program, signage, etc.)

Do you currently work with Geneva on other programs or projects? If yes, please describe:

- I certify that this application has been submitted independently of The Geneva Foundation's influence and the support recipient has full responsibility of selecting content and logistical elements of the activity.
- I certify that if support is received from Geneva, it will not be utilized for alcohol or entertainment purposes.

Acknowledgement Signature: _____

Date: _____

Please return this form and all supporting documents to:

The Community Giving Program Committee
The Geneva Foundation
917 Pacific Ave, Suite 600
Tacoma, WA 98402
CGPC@genevausa.org