

Grant Program APPLICATION

GUAM REGIONAL MEDICAL CITY QC#252 / TNN GUAM, INC. dba Tsubaki Hotel QC#254

DATE OF REQUEST: _____ AMOUNT REQUESTED: \$ _____

NAME OF REQUESTOR/ORGANIZATION: _____

ADDRESS: _____ EIN#: _____

CONTACT PERSON: _____

CONTACT NO.: _____ EMAIL ADDRESS: _____

USE OF GRANT:

- Health Care (Priority to GMH & Public Health), Medicaid matching, MIP payments
- Public Safety
- Economic Development with priority on the promotion of Medical Industry and Small Business
- Higher Education & Cultural Preservation
- Tourist Attractions/Tourism Projects (maintenance and upkeep)

USE OF GRANT FUNDS:

- Sponsorship (Limited to \$10,000)
- Purchase of Items
- Other

Please describe: _____

SIGNATURE OF REQUESTOR: _____ PRINT NAME: _____

- Please submit letter of request with this form, with supporting documents.
- If grant approved, awardee must publicly acknowledge Qualifying Certificate contributor.
- GEDA will not consider more than one grant request from the same applicant in a twelve (12) month period.

FOR INTERNAL USE ONLY:

QC Beneficiary: _____ QC No. _____

Meets intended use of funds: Yes No Certification of Funds: _____

Approved Disapproved

Jay Rojas, Chief Executive Officer/Administrator