



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): \_\_\_\_\_

For Internal Use Only

Date Presented: \_\_\_\_\_

Approved: \_\_\_\_\_

Completed: \_\_\_\_\_



### 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: \_\_\_\_\_

Please attach a detailed budget with your application.

Have you requested funding from Wayne UNC Health Care for this project?

Yes ☐

No ☐

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:

2700 Wayne Memorial Drive, Room 104  
Goldsboro, NC 27534  
919-587-4002

[Jack.Kannan@unchealth.unc.edu](mailto:Jack.Kannan@unchealth.unc.edu)

[Meghan.Pakalnis@unchealth.unc.edu](mailto:Meghan.Pakalnis@unchealth.unc.edu)

Signature of Applicant: \_\_\_\_\_

Signature of SVP/VP: \_\_\_\_\_

Signature of CEO: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_