



OUR LADY OF BELLEFONTE HOSPITAL
Bon Secours Kentucky Health System

Our Lady of Bellefonte Hospital Foundation Community Support Fund Application

Our Lady of Bellefonte Hospital (OLBH) recognizes that not-for-profit organizations fill an important role in improving the quality of life of the Tri-State community. To encourage and assist not-for-profit organizations, OLBH has established a system to fund qualified, local, not-for-profit organizations.

The OLBH Community Support fund is designed to foster new services or expand existing services. The information provided in the application should be specific to the particular program for which community support funding is being requested. If funding is approved, a use of funds report will be required to be completed and returned to OLBH within one year of receipt of funding.

Please return the completed Application and W-9 to:

Our Lady of Bellefonte Hospital Foundation
Attention: Luann Serey
1000 Saint Christopher Drive
Ashland, KY 41101

Fax: 606-833-3947

E mail: Luann_Serey@BSHSI.org
Luann_Serey@BSHSI.org

ATTACHMENTS: A completed W-9 must accompany all requests; the funding request will not be considered without a completed W-9 form.

**For questions please contact: Luann Serey (606) 833-3653
Diva Justice (606) 833-3106**

**Our Lady of Bellefonte Hospital Foundation
Community Support Fund Application**

Date_____

General Information * indicates a required field

*Agency's Legal Name: _____

*Physical Address: _____

*Mailing Address: _____

*Phone:_____Fax:_____

*E-Mail address(s): _____

Web Address: _____

*Agency Contact: _____ Phone: _____

Director: _____ Phone: _____

Fiscal Agent: _____ Phone: _____

*Total amount of funding requested: \$_____

*Total amount of program/project Budget: \$_____

*Date funds needed: _____
Day Month Year

*Approximate number of people that will benefit from funds? _____

*Target Population: **Check all that apply**

_____Children	_____Veterans	_____Unemployed
_____Adults	_____Disabled	_____Indigent
_____Seniors	_____Uninsured	_____Homeless

*The above funding requested is for: **Please check one**

_____ A single program

_____ Overall Agency Support

_____ Fundraiser or event

*Geographic area(s) that will be most affected with funding:

City County State

* Number of year's organization has served the community: _____

*Brief history and purpose of the organization:

*Brief summary of project/request:

*Duration of project/request or date of event: _____
Day Month Year

*Other sources of donations or funding (please list):

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

*Project/program objectives and performance measurement:

*ATTACHMENTS: A completed W-9 must accompany all applications;
the funding request will not be considered without a W-9 form.

Signature of Authorized Official Printed Name Date

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.

Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.