



**ADIRONDACK MEDICAL CENTER FOUNDATION
GRANT APPLICATION FOR PROJECT SUPPORT**

Date of Application: _____ Amount of Grant Request: \$ _____

Name of organization to which grant would be paid. Please list exact legal name.

Address of organization: _____

Telephone number: (_____) _____

Chief Executive Officer _____

Signature of Chief Executive Officer: _____ **Date:** _____

Contact person and title (if not the executive director): _____

Is your organization an IRS 501(c)(3) not-for-profit? Yes: _____ No: _____

If no, please explain: _____

Purpose of grant (one sentence) _____

On a separate piece of paper, please explain how your grant request is consistent with the

Adirondack Medical Center's Mission, Vision and/or Strategic Initiatives.

Total organizational budget (for current year): \$ _____

Dates covered by this budget (mo/day/year): _____

Total project budget (if requesting project support): \$ _____

Dates covered by project budget: _____

Project name (if applicable): _____

Please enclose the following information:

- | | |
|---|--|
| · Operating Expense Budget | · If not-for-profit, most recent IRS letter |
| · Project Operational Expense Budget | · Most recent Annual Report |
| · Sources of income toward project | · List of Trustees |
| · Page explaining consistency with AMC Mission, Vision, Strategic Initiatives | · Resumes on project's key staff members |
| | · Any other pertinent supporting documentation |

***All grant applications are considered on their own merits, including grants submitted on a multi-year basis.
when complete, return to:***

Cheryl Breen Randall, Executive Director

AMC Foundation, P.O. Box 120, Saranac Lake, New York 12983

Telephone: 518-897-2320 Facsimile: 518-897-2858

For office use only: Grant Awarded ____; Amount \$ _____; Denied ____; Notification Mailed ____ CBR ____ KASM ____

AMC FOUNDATION

GRANT REVIEW COMMITTEE

Meeting Schedule 2010

MEETING DATE	APPLICATION DEADLINE
August 4, 2010	July 5, 2010

Meeting Date Is Subject To Change





MISSION STATEMENT

*“Working within our community
to expand voluntary giving and support to
the Adirondack Medical Center,
to enable and ensure AMC
delivers excellent health care and
enhances the wellness of our community”*

A DONOR BILL OF RIGHTS

- To be informed of the organization’s mission, of the way the organization intends to use donated resources, and of its capacity to use donations effectively for their intended purposes.
- To be informed of the identity of those serving on the organization’s governing board, and to expect the board to exercise prudent judgement in its stewardship responsibilities.
 - To have access to the organization’s most recent financial information.
 - To be assured their gifts will be used for the purposes for which they were given.
 - To receive appropriate acknowledgement and recognition.
 - To be assured that information about their donation is handled with respect and with confidentiality to the extent provided by law.
- To expect that all relationships with individuals representing organizations of interest to the donor will be professional in nature.
 - To be informed whether those seeking donations are volunteers, employees of the organization or hired solicitors.
- To have the opportunity for their name to be deleted from mailing lists that an organization may intend to share.
- To feel free to ask questions when making a donation and to receive prompt, truthful and forthright answers.

ADIRONDACK MEDICAL CENTER



MISSION STATEMENT

Excellent Health Care Close to Home.

VISION STATEMENT

We shall be the preeminent provider of
compassionate, vital individual center health services
in the North Country
so to enrich the lives of those we serve.

EMPLOYEE PHILOSOPHY

We, the employees of AMC, recognize that we are the key to our success.

We follow the *Golden Rule* of

“Do unto others as you would have them do unto you.”

The highest standards of quality, customer satisfaction, clinical outcomes and productivity
Come from our hearts, hands and minds.

We are committed to creating the best work environment possible with high levels of trust,
participation, communication, initiative, creativity, and empowerment.

GUIDING PRINCIPLES

COMPASSIONATE ACCOUNTABLE RESPECTFUL
EXCEPTIONAL SERVICE

AMCCARES

ADIRONDACK MEDICAL CENTER



Strategic Initiatives

- ▲ ***Medical Staff/Provider Relations & Capacity:*** Adirondack Medical Center will partner with the medical staff of the hospital to assure they have the optimal hospital environment, to recruit and retain adequate physician resources to excel at meeting current and anticipated needs of our community, and collaborate to assure our providers and the hospital align incentives to serve our patients and offer the highest quality patient care.
- ▲ ***Performance Excellence:*** Adirondack Medical Center will continually strive to improve the quality of care delivered to our patients, enrich the lives of those we serve, and deliver exceptional service.
- ▲ ***Service Access and Growth:*** Recognizing that growth is critical to the success of Adirondack Medical Center and our medical staff, we will strive to seize every opportunity for growth consistent with our community needs and hospital capabilities.
- ▲ ***Workforce Development and Engagement:*** Adirondack Medical Center will become the employer of choice in the upstate New York community.
- ▲ ***Community Commitment:*** Adirondack Medical Center will work in partnership with our community members and stakeholders to understand their needs and work in concert to meet those needs. Adirondack Medical Center will also advocate on behalf of the needs of the community and fulfill the need for transparency in our operation to build trust with our community partners.