



**2020 BLACK TIE & BLUE JEAN EXTRAVAGANZA
FUND RECIPIENT APPLICATION FORM**

Name _____ Email _____

Phone _____ Department _____

(Use additional sheet if necessary)

Bellin Health Program or Service:

Identify Strategic Alignment with Breakthrough Initiative or Operational Priority:

Brief Description of Program or Service:

Why should this Program or Service be selected?

How much money is needed to fund this request and how would the monies raised be used? (Please be specific)

How will the funds be sustained going forward?

Approximately how many volunteers will help raise funds by participating on the Black Tie & Blue Jean Committee? _____

Please submit all requests by December 31st along with any additional information
either by email to amy.stach@bellin.org, fax to 920-433-6062, via interoffice mail, or drop off in person
Bellin Health Foundation, 740 S. Van Buren, Green Bay. * Thank you! *