



Banner
University Family Care

Application for Community Reinvestment Funds

Date

Name of Organization

Type of Organization

Taxpayer Identification Number

Contact Person Name

Email Address

Telephone Number

Address (Street, City, State, Zip)

Amount of Funding Requested (dollar amount or range)

Please describe the intended purpose of the requested funding. Please include an explanation of the populations (e.g., adults, children, persons with certain disabilities or diagnosis, persons experiencing homelessness, veterans, etc.) to be supported by the funding, including the AHCCCS populations (ACC, ALTCS E/PD, etc.) if applicable.

Please describe the timeframe for implementation of your program and/or use of the funding.

Funding will support (check all that apply):

Access to health services

Enhancing public health

Relief of government burden

Funding will be used to (check all that apply):

Benefit the public at large

Serve low-income consumers

Reduce geographic, financial, or cultural barriers to accessing health services

Advance health care knowledge through education or research

Enhance public health department activities

Fund activities that would otherwise become the responsibility of the government or another tax-exempt organization

Please return this completed form to CommunityReinvestmentApplication@bannerhealth.com no later than December 4, 2020 for consideration for funding.

Funding decisions are made by B – UFC based on its established criteria and the availability of funding. Funding decisions are made at the sole discretion of B – UFC.

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