

# Frank L. Wedge Memorial Funds Application

Name of Nursing Facility: \_\_\_\_\_  
Address/City: \_\_\_\_\_

**Attach IRS Letter of Determination as Non-Profit and completed W-9.**

**Purpose of Frank L. Wedge Memorial Funds:**

Enhance the long term care profession.

**Funds:**

Total amount Requested: \$ \_\_\_\_\_

**Describe Request:**

Describe what you propose to do with the Frank L. Wedge Memorial Funds. Limit the description to no more than one page. Address how your application will impact your facility and its ability to provide quality care.

**Summarize your request in one sentence:**

**Application Deadline Request:** March 31, 2024

Print name: \_\_\_\_\_  
Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_



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