

MARSHALL FOUNDATION
for community health

**Funding Request for
Community Healthcare Programs**

Name of Community Organization: El Dorado County Senior Day Care Center

Address: 935A Spring Street, Placerville, CA 95667

Contact Person: Wanda Demarest Phone Number: 530-621-6180

Amount Requested: \$523.66 Date Needed: May 2013

Describe how funds are to be used:

Funds will be used to purchase various Alzheimer's materials for community and staff educational purposes, specialized Alzheimer's activity programming and five copies of *Validation Techniques for Dementia Care, The Family Guide to Improving Communication*, for our free lending resource library.

How will healthcare and our community benefit from this program? Approximately how many people will be served?

The materials will be used to educate our community about Alzheimer's disease and related dementias providing knowledge, skills and techniques to assist the individual and his/her care partner to navigate the long journey.

Signature of Person Submitting Request: _____ Date _____

Foundation Approval: _____ Date _____

Mail form to: Marshall Foundation for Community Health, P.O. Box 19916, Placerville, CA 95667