

## Schneck Medical Center Foundation Grant Application for Project Support

Date of Application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

- External Applicants: *Please list exact legal name of organization requesting funds.*
- Internal Applicants: *Grants will be paid to Schneck Medical Center.*

Address of Organization: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact person and title: \_\_\_\_\_

Organization must be an IRS 501(c)(3) not-for-profit.

Federal Tax I.D. Number: \_\_\_\_\_

A copy of organization's IRS Tax Determination Letter is required with grant submission

Purpose of grant (one sentence): \_\_\_\_\_

Amount of grant request: \$ \_\_\_\_\_

**REQUIRED SUPPORTING DOCUMENTATION** (Submit on 8½ x 11 paper, typed in font size 12)

Applications submitted without all required documentation are subject to automatic denial.

**GENERAL INFORMATION**

- *For external applicants:* Explain how your grant request meets the Foundation's Mission Statement (½ page)
- Brief history of charitable organization/department (½ page)
- List of organization/department officers and directors (1 page)

**PURPOSE OF GRANT**

- Description of program or project (1 page)
- Goals of program or project (½ page)
- Who and how many will be served (½ page)
- Geographic area/service population targeted (½ page)
- Timeline of program or project (1 page)

**FINANCIAL INFORMATION**

- Estimated budget for program or project (Please submit **REQUIRED BUDGET FORM**)
- Other sources of funding – either committed or pending (½ page)
- Plans for continued funding after the grant period (½ page)
- Timeline of funding (½ page)

***All grant applications are considered on their own merits. Grantee must provide the Foundation written reports on both the progress of the program and completion of Required Budget Form for the grant to be considered for future funding.***

**Internal (Schneck Medical) Applicants Only:**

SMC Department: \_\_\_\_\_

Submitted By: \_\_\_\_\_

APPLICATION MUST BE APPROVED BY  
THE ET PRIOR TO SUBMISSION  
*Forward application to supervising  
VP for ET approval.*

☐ Reviewed and Approved by the ET\_\_\_\_\_  
CEO or VP Signature\_\_\_\_\_  
Date**REQUIRED SUPPORTING DOCUMENTATION** (Submit on 8½ x 11 paper, typed in font size 12)

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**Applications reviewed on a quarterly basis****Applications must be submitted by appropriate deadline date****January 31** (For projects requesting funding between Mar 1 and May 30)**April 30** (For projects requesting funding between June 1 and Aug 30)**July 31** (For projects requesting funding between Sept 1 and Nov 30)**October 31** (For projects requesting funding between Dec 1 and Feb 28)**For Review Committee Use Only**☐ Approved \$ \_\_\_\_\_☐ Denied

Signed: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO:**

Stephanie Flinn, Executive Director  
Schneck Medical Center Foundation  
411 West Tipton Street  
Seymour, IN 47274

Revised 02/2023



## SCHNECK FOUNDATION GRANT GUIDELINES/PROCEDURES

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The primary focus of the Schneck Medical Center Foundation is to support health-related activities within Schneck Medical Center.

Schneck Foundation will also consider providing support to various charitable organizations/programs in the service area which support Schneck Foundation's Mission, Vision, and Values which are:

- **Mission:** To raise funds and promote awareness of opportunities which improve the health of our communities.
- **Vision:** Be the leader at connecting our communities with Schneck Medical Center.
- **Values:** Integrity, Compassion, Accountability, Vision, and Excellence.

Priority for charitable support will be given to those requests that meet the following criteria:

- The program must be health related.
- The grant applicant must be a 501(c)(3) non-profit organization and in good standing.

### **GUIDELINES AND PROCEDURES FOR CHARITABLE GRANT REQUESTS:**

- Foundation grant funds must be spent in local communities served by Schneck Medical Center.
- Applicant must maintain budget expectations.
- All requests are processed through and reviewed by the Foundation Grant Committee, consisting of 2-6 Foundation Board Members and selected community leaders.
- Schneck Foundation will not sponsor individuals.
- The Chair of the committee is an officer of the Foundation Board of Directors.
- The committee will be overseen by the Foundation Executive Director whose role is advisory only, with no voting power.
- The committee will review applications on a quarterly basis.
- Quarterly deadlines for submission are January 31<sup>st</sup>, April 30<sup>th</sup>, July 31<sup>st</sup>, and October 31<sup>st</sup>.
- Funding periods per submission deadline dates are listed below:
  - January 31      *(For projects requesting funding between March 1 and May 30)*
  - April 30        *(For projects requesting funding between June 1 and August 30)*
  - July 31         *(For projects requesting funding between September 1 and November 30)*
- October 31 *(For projects requesting funding between December 1 and February 28)*
- Applications will not be accepted unless received by a deadline date that is at least 45 days prior to the time funding is required.

### **FOLLOWING GRANT APPROVAL**

- Grantee must provide the Foundation with written reports on both the progress of the program and the completion of the Required Budget Form for the grant within three months of inception or completion of the program to be considered for future funding.
- Pursuant to the guidelines and procedures for the granting process, the organization has three months from inception or completion of their program to submit financial management of the funding. If funds are left unused, a check shall be returned to Schneck Foundation.

## REQUIRED BUDGET FORM

Provide a brief explanation for each line, describing how the funds will be used to support project goals.

|    | CATEGORY                             | EXAMPLE                                                    | EXPLANATION | AMOUNT REQUESTED | *AMOUNT USED |
|----|--------------------------------------|------------------------------------------------------------|-------------|------------------|--------------|
|    | <b>SUPPLIES &amp; MATERIALS</b>      | <i>Program supplies, education material, etc.</i>          |             |                  |              |
| 1) |                                      |                                                            |             |                  |              |
| 2) |                                      |                                                            |             |                  |              |
| 3) |                                      |                                                            |             |                  |              |
| 4) |                                      |                                                            |             |                  |              |
| 5) |                                      |                                                            |             |                  |              |
|    | <b>SUPPLIES &amp; MATERIAL TOTAL</b> |                                                            |             |                  |              |
|    | <b>EQUIPMENT</b>                     | <i>Technology, tools, non-salary items, etc.</i>           |             |                  |              |
| 1) |                                      |                                                            |             |                  |              |
| 2) |                                      |                                                            |             |                  |              |
| 3) |                                      |                                                            |             |                  |              |
| 4) |                                      |                                                            |             |                  |              |
| 5) |                                      |                                                            |             |                  |              |
|    | <b>EQUIPMENT TOTAL</b>               |                                                            |             |                  |              |
|    | <b>PROGRAM EXPENSES</b>              | <i>Participant support, scholarships, incentives, etc.</i> |             |                  |              |
| 1) |                                      |                                                            |             |                  |              |
| 2) |                                      |                                                            |             |                  |              |
| 3) |                                      |                                                            |             |                  |              |
| 4) |                                      |                                                            |             |                  |              |
| 5) |                                      |                                                            |             |                  |              |
|    | <b>PROGRAM EXPENSE TOTAL</b>         |                                                            |             |                  |              |
|    | <b>OTHER</b>                         |                                                            |             |                  |              |
| 1) |                                      |                                                            |             |                  |              |
| 2) |                                      |                                                            |             |                  |              |
| 3) |                                      |                                                            |             |                  |              |
| 4) |                                      |                                                            |             |                  |              |
| 5) |                                      |                                                            |             |                  |              |
|    | <b>OTHER TOTAL</b>                   |                                                            |             |                  |              |
|    |                                      |                                                            |             |                  |              |
|    | <b>TOTAL GRANT FUNDING REQUEST:</b>  |                                                            |             |                  |              |
|    | <b>TOTAL PROJECT COST:</b>           |                                                            |             |                  |              |
|    |                                      |                                                            |             |                  |              |

\*If grant request is awarded, please complete the amount used column and submit with required written report.