

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 completed 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)

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: _____

All grant applications are considered on their own merits, including grants submitted on a multi-year basis. Grantee shall furnish to the Foundation written reports on both the progress of the program and the financial management of the grant to be considered for future funding.



PLEASE RETURN COMPLETED APPLICATION TO:

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

SCHNECK FOUNDATION GRANT GUIDELINES/PROCEDURES

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 the President 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 31st, April 30th, July 31st, and October 31st.
- 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.
- Grantee shall furnish to the Foundation written reports on both the progress of the program and the financial management of the grant within three months of inception or completion of the program in order 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.

BUDGET FORM

PROJECT EXPENSES

Site		
Room and hall fees		
Site staff		
Equipment		
Tables and chairs		
Other		
Totals		

Decorations		
Flowers		
Candles		
Lighting		
Balloons		
Paper supplies		
Other		
Totals		

Publicity		
Graphics work		
Photocopying/Printing		
Postage		
Other		
Totals		

Miscellaneous		
Telephone		
Transportation		
Stationery supplies		
Fax services		
Other		
Totals		

Refreshments		
Food		
Drinks		
Linens		
Staff and gratuities		
Other		
Totals		

Program		
Performers		
Speakers		
Travel		
Hotel		
Other		
Totals		