



SAINTS HEALTHCARE FOUNDATION

Saints Healthcare Foundation Grant Application

Saints Healthcare Foundation exists to support the St. Francis Regional Medical Center and St. Gertrude's Health and Rehabilitation Center. The Foundation's mission is the assure resources exist to meet the health care needs of our community.

The grant application must be completed to obtain funding from Saints Healthcare Foundation. The application seeks information to provide the Foundation Board with a comprehensive understanding of the request, its purpose and objectives, relevance and plan of action.

Eligible Applicants

- Senior management of the St. Gertrude's and St. Francis organizations.
- Managers of St. Gertrude's and St. Francis, with senior manager approval.
- Employees of St. Gertrude's and St. Francis, with manager and senior manager approval.

To Submit a Proposal

1. Complete the Grant Application.
 - i. Use clear concise language. The committee may not have medical or therapeutic backgrounds and may be unfamiliar with technical language.
 - ii. Be specific in your responses to the questions and provide enough information to demonstrate the worthiness of your program. Include any studies or documentation to support the project.
2. Sign the application and obtain the necessary signatures.

Deadlines

Grant applications are accepted on an ongoing basis. Grant requests under \$5,000 are approved on an ongoing basis by the Foundation's Executive Director, working in partnership with senior management of St. Gertrude's or St. Francis. Grant requests over \$5,000 require final approval of the Foundation Board, which occurs at regularly-scheduled Board meetings.

Fund Disbursement

For approved projects, Saints Healthcare Foundation disburses grant payments to St. Gertrude's and St. Francis upon submission of receipts consistent with the original intent. Grant funds are deposited into the cost center from which grant-supported expenditures are paid.

Questions

Please contact the Foundation at 952-428-2070



**SAINTS HEALTHCARE
FOUNDATION**

Grant Application Form

Date: _____ Project Name: _____

Contact Name: _____ Title _____

Phone Number: _____ Fax: _____

E-Mail: _____

Manager's Name: _____ Phone: _____

Department: _____ Cost Center: _____

Funding Amount and Project Budget

Requested funding amount: _____ Total project cost: _____

Funding History

Have you previously requested funding for this project from the Foundation?

No Yes If yes - year _____

Is this proposal in partnership with an outside organization? Yes No

If yes, what organization? _____

Dollar amount provided by other funding sources: _____

Project Timeline

Project start date (MM/DD/YY) _____ Project end date (MM/DD/YY) _____

Project Benefit

Indicate which area(s) this project benefits:

- Campus-Approved Growth Plans Staff Education/Training Other
- Patient Care Enhancement Healing Environment
- Patient Education & Support Charity/Mission Care

Required Signatures:

Approval: _____ Manager _____
Person completing grant request *Manager's Signature*

Approval: _____
Vice President Signature (if over \$500)

Foundation Only:

- This project uses St. Francis restricted funds.
- This project uses St. Gertrude's restricted funds.

