



COLUMBUS REGIONAL HEALTH FOUNDATION

2020 Community Grant Request Checklist

- _____ I have attached a budget for the request.
- _____ I have signed the application.
- _____ I have included a 75 word summary/abstract of the project

Deadline Date:
Thursday, October 1st, 2020

Notification Date:
Tuesday, November 24, 2020

COLUMBUS REGIONAL HEALTH FOUNDATION REQUEST FOR FUNDING

The mission of Columbus Regional Health Foundation is to improve the health of the people in southeastern Indiana by actively raising charitable contributions to support Columbus Regional Health healthcare initiatives, and to provide financial support and promote advocacy for the Healthy Communities Initiative through public awareness, philanthropy and stewardship.

Each year, the Foundation raises funds for and awards over \$400,000 to VIMCare Clinic, about \$250,000 directly to Healthy Communities Action Teams and nearly \$250,000 to Columbus Regional Health projects. In addition, we have modest resources available to fund additional community requests for work that is consistent with the priorities of the Healthy Communities Initiative and/or Columbus Regional Health.

***Columbus Regional Health Foundation does not sponsor fundraising events, even if they are health-related.**

Please use this form to request funds. Feel free to contact us at 812-376-5100 with any questions.

Please address the following criteria when completing this application:

- Does the request meet a previously unmet need?
- Describe how the request relates to and is consistent with the primary goal areas of the Healthy Communities Initiative.
Current HCI Primary Goal Areas:
 - Access for All: medically uninsured, medication assistance
 - Healthy Lifestyles: self care, tobacco cessation
 - Healthy Relationships: shaken baby syndrome, domestic violence
- Is the request cost effective?
- Are there measurable outcomes?
- Is the request clear? Concise?

I. Name of Project: _____

II. Amount Requested: _____

III. Requesting Organization: _____

IV. Population that would benefit from the project: _____

V. Describe problem (in 300 words or less). Attach separate sheet if necessary:

VI. Describe solution (in 500 words or less). Attach separate sheet if necessary:

VII. Describe how you will measure effectiveness:

VIII. Please submit a 75 word summary/abstract of the project.

IX. Has this project been funded by the Foundation before? Yes No

If yes, when? _____ How much was funded? _____

If you received funding for this project in the past, did you complete a Use of Foundation Funds Form and submit it to CRHF? Yes No

If you received funding previously and did not submit a completed Use of Foundation Funds Form for that grant, please submit a completed form with this grant request.

Applicant Name (Organization)

Applicant Authorized Representative Name
(Please print)

Date

Applicant Authorized Representative
(Signature)