REQUEST FOR FUNDING

General Information about CRH Foundation
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, approximately $250,000 directly to Healthy Communities Action Teams and nearly $250,000 to Columbus Regional Health department projects and scholarships.

General Information about Community Requests
In addition to the above ongoing commitments, CRH Foundation makes available additional funds each year to fund requests from community organizations for work that is consistent with the priorities of the Healthy Communities Initiative and/or Columbus Regional Health.

2021 Total Funds Available for Community Requests: $84,000

Funding Principles
• We prefer projects that partner with or support the goals of Healthy Communities, VIMCare Clinic, CRH’s Treatment and Support Center, and Columbus Regional Health.
• We only fund requests from not-for-profit organizations.
• We prefer to support programs and people to deliver the programs or services.
• We fund capital & equipment requests but only if they result in increased access to direct health services for vulnerable people.

What We Will Support
CRH Foundation supports Columbus Regional Health’s Community Health Needs Assessment (CHNA) strategy: https://www.crh.org/plan

Current CHNA strategy goal areas:
  1) Access to Care (including community-based healthcare services for CRH patients)
  2) Substance Use Disorder (treatment, recovery and prevention)
  3) Infant Mortality prevention
  4) Prevention & management of diseases and disorders.

What We Won’t Support
Columbus Regional Health Foundation does not sponsor fundraising events, even if they are health-related.
Projects, services or products of for-profit organizations.
Projects of local government departments.
Direct gifts to individuals.
High school senior projects.
Priority Considerations
Priority consideration will be given to project requests that meet some or all of the following criteria:

- Is innovative.
- Demonstrates collaboration with multiple stakeholders.
- Demonstrates multiple funding sources.
- Meets a new, previously unidentified need or offers a new solution to a previously identified need.
- Meets the need of low-income, medically underserved, or other vulnerable people.

Application Deadlines

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<tr>
<td>Thursday, April 29, 2021</td>
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<td>Thursday, October 28, 2021</td>
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Notification Dates

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<tr>
<td>Friday, May 28, 2021</td>
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<td>Friday, November 19, 2021</td>
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Questions? Please feel free to reach out to Cheryl Rothbart at crothbart@crh.org.
2021 APPLICATION FOR FUNDING

Please address the following criteria when completing this application:

I. Name of Project:  Click or tap here to enter text.

II. Amount Requested:  Click or tap here to enter text.

III. Requesting Organization:  Click or tap here to enter text.

IV. Organization’s federal not-for-profit tax ID number:  Click or tap here to enter text.

V. Target population that will be served by this project:  Click or tap here to enter text.

VI. Briefly describe (no more than 150 words) your project or need for funding.

Click or tap here to enter text.

VII. Identify which CHNA Strategy goal area(s) your project addresses:
☐ Access to Care (including community-based healthcare services for CRH patients).
☐ Substance Use Disorder (treatment, recovery and prevention)
☐ Infant Mortality prevention
☐ Prevention & management of diseases and disorders.

VIII. What will a grant from CRH Foundation enable you to do? (no more than 150 words.)

Click or tap here to enter text.

IX. If your organization receives a grant for this project from CRHF, you will be required to provide a report to CRHF within 1 year of receiving the grant. List tracking measures that will demonstrate how the funded project will impact the target population. For example, number of people served, health outcome measures that will be improved, etc. Be specific and succinct.

Click or tap here to enter text.

X. List your other funding sources and amounts for this project.

Click or tap here to enter text.

XI. What percentage of the total cost of this project would the CRHF grant cover?

Click or tap here to enter text.%

XII. What percentage of your organization’s total expense budget would this grant amount to?  Click or tap here to enter text.%

XIII. Please attach a current financial statement for your organization.
XIII. Has this project been funded by the Foundation before?  □ Yes  □ No
   If yes, when?  Click or tap here to enter text.
   How much?   $Click or tap here to enter text.

XV. How will project be sustained after CRHF support? (75 words)
   Click or tap here to enter text.

XVI. If you received funding for this project in the past, did you complete an Impact of
   Foundation Funds Report and submit it to CRHF?
   □ Yes  □ No

Organization Name:  Click or tap here to enter text.

Applicant Authorized Representative Name:  Click or tap here to enter text.

Organization Contact:  Click or tap here to enter text.

Contact email address:  Click or tap here to enter text.

Contact phone number (direct #):  Click or tap here to enter text.

Date:  Click or tap here to enter text.