Community Grant Application

PO Box 218
Osceola, WI 54020

Osceola Community Health Foundation makes grants to qualified local non-profit organizations who support our mission and complement the services we offer. We do not discriminate based on race, color, religion, age, sex, disability, or genetics. An organization is "qualified" if it is recognized by the Internal Revenue Service as a 501(c) (3) tax exempt organization or a public school tax exempt organization, and primarily serves persons in the (the Osceola Medical Center geographic service area with the following zip codes: **54020, 54009, 54024, 54024, 54026, 55073, 55047, 55074, 55084**.

Our mission is:

To build healthy communities by fostering charitable support for the Osceola Medical Center and the health-related needs of the people in the upper St. Croix Valley.

The Foundation gives preference to grants that are health or wellness related and address the current Community Health Needs Assessment (CHNA) goals listed below.

- **Mental health and well-being**
- **Nutrition and physical activity**
- **Substance abuse**

The Foundation will consider granting requests for support in the following order of priority:

1. **Programming**
2. **General operating expense**
3. **Capital projects by a qualified organization (see above for qualifications)**

Application deadlines: The 15th day of March, June, September, or December. The Foundation reviews applications quarterly. It will **not** consider applications received after 5:00 p.m. on the deadline. If the 15th day falls on a Saturday, Sunday, or holiday, the deadline is the next business day.

Maximum amount awarded. The Foundation will award grants up to $5000. It will not grant more than $15,000 to any single organization in any three-year period. For a special project with a budget over $5000, please contact the foundation at 715-294-5727 to discuss further.

Use of grant. A grant must be used for the purposes for which it was requested. A grant recipient must submit a report to the Foundation about how the grant was used no later than one year after receiving the grant.

Complete application required. The Foundation will not consider an incomplete application. You must complete all questions or items on the grant request form. If an item does not apply to you, write N/A. *(You must submit a copy of your IRS determination letter with your application. If you have applied for an IRS determination but have not yet received your letter, note that on the application. The Foundation will not make a grant to an organization until the organization provides its IRS determination letter.)*

How to submit. An applicant may submit requests by regular mail, email, or in person. Grant applications delivered in person may be dropped off at the Osceola Medical Center concierge/reception desk located at the main entrance in a sealed envelope prior to the grant deadline. The Foundation will respond to your application within two months of the deadline.

Attachment Checklist:

☑	#	ITEM
	A	• Most recently audited financial statements (Income Statement and Balance Sheet) **You may also indicate your Form 990's online availability and how it may be accessed**. • Year to Date Financials (Income Statement/Balance Sheet) • Organizational Budget (Include revenue sources and expenses) • Project Budget- (**For specific programs/projects only**)
	B	A copy of your IRS tax determination letter**.**
	C	List of Key Staff Members and Short Bios
	D	List of Current Board Members and their Affiliations
	E	Completed Grant Application
	G	List of Additional Funders for Project (**Name and Amount Requested. Note Received, Pending, Declined for each.**)
	H	W-9 from your organization

Submit proposal materials in either of 2 formats by the **15th of the March, June, September, or December:**

1. One paper copy of all materials **unbound/unstapled.** (including the audited financial documents **OR** the 990 **OR** indicate where to find online.).

2. Email a copy of this completed grant application and its attachments (excluding the 990) to: ***ochf@myomc.org***

Questions? Direct all questions to: Jill Leahy, Foundation Director, at (715) 294-5727 or jill.leay@myomc.org.

Type of Grant: (Please Choose One)

Health And Well Being Grant: **Other Type of Grant:**

☐ Program Support	☐ Program Support
☐ General Operations	☐ General Operations
☐ Capital Project	☐ Capital Project

Granting Priorities: (Please check your CHNA priority category(ies) listed below.)

- ☐ Mental Health and Well-being
- ☐ Nutrition and physical activity
- ☐ Substance Abuse

Application

1	Organization's legal name:	
2	Organization's mailing address:	
3-4	Phone:	Email:
5-6	EIN # or Fed'l ID No:	Grant Contact:
7	Mission Statement:	
8	Total Cost of Project:	Amount Requested:
9	Evidence of Need (Demonstrate why this program/project is important. Include the population served by this grant and where they primarily live.)	

11	What are your goals? (What do you wish to accomplish/achieve overall?)
	What are you trying to change/impact? (Give measurable statements on your strategy. For health and wellness grants, provide us measurements on health and wellness.)
	What are your activities to make a change/impact? (What will you do and how will you do it?)
12	Who are your partners for this project/service?
13	Is there anything else you would like to share about your program/project?

14	How will you evaluate the success of this program?
15	If continued, how will this program/organization be sustained in the future?

Signature of Executive Director/President Date