

The Mid-Columbia Health Foundation was established in 1983. Our mission is to “Work together with and provide financial support to Mid-Columbia Medical Center in order to provide access to quality healthcare for our community.”

We are very proud to have helped fund many worthwhile projects over the years that have had a positive impact on the health of our community. We look forward to entertaining your requests for funds.

Attached you will find our grant application, instructions and eligibility criteria.

Applications received between January 1<sup>st</sup> and July 31<sup>st</sup> will be considered for award selection in mid-August. Applications received between August 1<sup>st</sup> and December 31<sup>st</sup> will be considered for award selection in mid-February.

Submit the completed application to: **Mid-Columbia Health Foundation**

**Physical address:** Water’s Edge, 2<sup>nd</sup> Floor, 551 Lone Pine Blvd., The Dalles, Oregon

**Mailing address:** 1700 E 19<sup>th</sup> Street, The Dalles, OR 97058

**Email:** [mchf@mcmc.net](mailto:mchf@mcmc.net)

If you have any questions, contact our office at 541-296-7275 or email [mchf@mcmc.net](mailto:mchf@mcmc.net).

## **AREA OF GREATEST NEED GRANT GUIDELINES & INSTRUCTIONS**

The Mid-Columbia Health Foundation supports programs and initiatives that improve health in the communities of Wasco, Hood River, Sherman, Gilliam, Skamania and Klickitat Counties. Projects should demonstrate operational and financial viability that will survive and continue after grant funding ends.

### Eligibility Criteria

- Requesting organization must be a municipal or non-profit Oregon or Washington corporation exempt from tax under Section 501(c)3 of the Internal Revenue Code.
- Grants will not be made to: individuals; fundraising events or celebrations; political or lobbying organizations; endowment of organizations; or for attendance at conferences.
- Support is not usually given for routine operating costs of institutions or for religious activities.
- Except in rare cases, funding is not available for the construction or maintenance of buildings or facilities.
- The Mid-Columbia Health Foundation does not fund indirect costs.
- Grant requests up to \$5,000 are invited.
- Any organization that has received Mid-Columbia Health Foundation funding is not eligible to reapply for at least one year.

### Submission of Application

- Application must be typed, all elements must be filled out completely.
- Use a binder clip or paper clip to hold your application together.
- Print your application and all attachments one sided. (No double-sided pages)
- Information not requested in the application will not be included for consideration.

### Required Attachments

- Organization's major sources of funding
- Organization budget (board approved budget for current fiscal or calendar year)
- Copy of organization IRS tax exempt letters or appropriate municipal/district status papers proving exemption under section 501(c)3 of the Internal Revenue Code
- Board of Directors list including contact information and affiliations

### Application Deadline & Award Process

- Applications submitted in completion and meeting all eligibility criteria will be evaluated by the Mid-Columbia Health Foundation Board of Directors.
- Applications received between January 1<sup>st</sup> and July 31<sup>st</sup> will be considered for award selection in mid-August. Applications received between August 1<sup>st</sup> and December 31<sup>st</sup> will be considered for award selection in mid-February.
- The initiator of the grant request will be advised in writing as to the Board of Directors' decision.
- Applicants may contact the Mid-Columbia Health Foundation at 541-296-7275 to check the status of their grant request.
- Organizations awarded grants are required to submit a final report as defined in the award contract, which is determined by the Mid-Columbia Health Foundation once the award has been granted.

## AREA OF GREATEST NEED GRANT APPLICATION

<b>Organization Name</b>	<b>Other names used within the last five years</b>	
<b>Mailing Address</b>	<b>City, State Zip Code</b>	
<b>Phone Number</b>	<b>Email Address</b>	
<b>Website</b>	<b>Primary Contact &amp; Title</b>	
<b>Project Title</b>	<b>Amount Requested (Up to \$5,000)</b>	
<b>Your Mission</b>		
<b>Short Project Summary (2-3 sentences.)</b>		
<b>How does this project fit into your mission? (1-2 paragraphs.)</b>		
<b>Is this an existing program or a new, start-up program?</b>		<input type="checkbox"/> New <input type="checkbox"/> Existing
<b>Project Description (Describe your project in detail.)</b>		
<b>Documentation of Need (Studies, statistics, anecdotes, etc.)</b>		
<b>Goals &amp; Measurable Objectives</b>		
<b>Goals</b>	<b>Activities to Achieve Goals</b>	<b>Desired Outcomes</b>

<b>Workplan</b> (Describe activities undertaken to achieve goals, include timelines if possible.)			
<b>Measuring Success</b> (How will success be measured? Describe in detail listing processes and timelines if possible.)			
<b>Community Health Benefit</b> (How will this project improve community health?)			
<b>Barriers to Success</b> (Describe any foreseen barriers to success for this project. How will problems be addressed?)			
<b>Target Population</b> (Geographic area served, age, gender, expected numbers, etc.)			
<b>Project Longevity</b> (How likely is the project to continue after the grant period ends?)			
<b>Project Budget</b>			
<b>Personnel Description</b>	<b>MCHF Funds</b>	<b>Other Funding</b>	<b>Total Project</b>
<b>TOTAL Personnel</b>			
<b>Services &amp; Supplies Description</b>	<b>MCHF Funds</b>	<b>Other Funding</b>	<b>Total Project</b>
<b>TOTAL Services &amp; Supplies</b>			
<b>Other Description</b>	<b>MCHF Funds</b>	<b>Other Funding</b>	<b>Total Project</b>
<b>TOTAL Other</b>			
<b>TOTAL EXPENDITURES</b>			
<i>(Total expenditures in the MCHF Funds column should be equal to the amount requested.)</i>			
<b>Budget Narrative</b> (Further explain how grant dollars will be used.)			

<b>Other Supporters</b> (List organizations to which you have applied for funding for this project including amount requested, status, in-kind support and support from individuals)	
<b>Required Attachments</b>	
<ul style="list-style-type: none"> <li>A. Organization's Major Sources of Funding</li> <li>B. Organization Budget</li> <li>C. Copy of IRS Tax Exemption Letter</li> <li>D. Board of Directors</li> </ul>	
<b>Signature &amp; Title of Authorized Official</b>	<b>Date</b>

To request an editable version of this application please email [mchf@mcmc.net](mailto:mchf@mcmc.net).