

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 along with the eligibility criteria and procedural guidelines to follow when requesting a grant.

Applications must be received by July 20, 2020 for the first grant cycle of the year or December 21, 2020 for the second grant cycle.

Please submit the completed application to our office:

Physical address: 309 E 2nd Street, The Dalles Oregon

Mailing address: 1700 E 19th Street, The Dalles, OR 97058

Email: mchf@mcmc.net

If you have any questions, contact our office at 541-296-7275 or email mchf@mcmc.net.

Thank you,

Celeste Hill-Thomas
Executive Director of Outreach, Communications &
Mid-Columbia Health Foundation

GRANT GUIDELINES

The Mid-Columbia Health Foundation supports programs and initiatives that improve health in the communities of Wasco, Hood River, Sherman, Klickitat, Wheeler and Gilliam 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.
- Grants 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

- Submit your application in the order listed in the “Essential Components” list.
- Use the precise numerical numbering system and titles in the “Essential Components” list.
- Print your application and all attachments one sided. (No double-sided pages)
- Use a binder clip or paper clip to hold your application together.
- Information not requested in the application will not be included for consideration.

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 the dates of January 1, 2020 and July 20, 2020 will be considered for the first grant cycle of the year with awards selected in mid-August.
- Applications received between the dates of August 1, 2020 and December 21, 2020 will be considered for the second grant cycle of the year with awards selected 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 regular progress reports, as determined by the Health Foundations’ Executive Director throughout the project or program lifecycle.

ESSENTIAL COMPONENTS

All elements must be filled out completely. One sided printing only, no staples please.

1. Cover Page (1 page) – 10 points

- 1.1 The Cover Page is designed to provide information about your organization and a summary of your grant proposal, in a brief format. It is important that the project summary presented on this cover page be a clear and concise statement that captures the essence of your proposed project. (*foundation format required, please see cover page*)

2. Organization Description (1-2 pages) – 5 points

- 2.1 History of Organization
2.2 Current Notable Activities

3. Project Description (3-5 pages) – 45 points

- 3.1 Project Description
3.2 Documentation of Need (studies, statistics, antidotes, etc.)
3.3 Goals and Measurable Objectives (*foundation format required, please see goals chart sample*)
3.4 Workplan (activities undertaken to achieve the goals, include timelines)
3.5 Community Health Improvement (describe how will the project improve the health of the community)
3.6 Barriers to Success (describe the barriers to success for this program)
3.7 Target Population (geographic area served, age, gender, expected numbers, etc.)
3.8 Project Longevity (describe the likelihood of project continuing after the grant period)

4. Evaluation of the Project (1-2 pages) – 15 points

- 4.1 Measuring Success (describe how success will be measured, measurement tools, time lines and processes)
4.2 Identifying Problems (describe how project problems will be identified and corrected)

5. Project Budget (1-2 pages)– 20 points

- 5.1 Project Budget (*foundation format required, please see budget example*)
5.2 Budget narrative (further explain how grant money will be used)
5.3 Other Supporters (list organizations to which you have applied for funding of this project including amount requested and status, list any in-kind support or secured funds)

6. Attachments – 5 points

-) Organization's major sources of funding
-) Organization budget (board approved budget for current fiscal or calendar year)
-) Copies of the I.R.S. 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

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COVER PAGE

Organization Name	Other names used within the last five years
Address	City, State, Zip
Phone Number	Email Address
Website	Primary Contact & Title
Project Title	Amount Requested (Up to \$5,000)
Your Mission	
Project Summary (1-2 paragraphs)	
How does this project fit into your mission? (1-2 paragraphs)	
Is this project an existing program or a new, start-up program?	<input type="radio"/> Existing <input type="radio"/> Start-up

Signature of Authorized Official

Date

GOALS CHART SAMPLE

Project Goals	Project Outcomes	Project Activities
Improve Medical Technologies	Improved accuracy, immediacy and efficiency of services results in lives saved	~ Purchase, install and train all personnel on PACS
Improve Healthcare Access and Delivery	Improved technology improves response time and ability to recruit and retain healthcare professionals	~ Utilize PACS to improve delivery of services by making images available <i>immediately</i> for technicians to review ~ Establish a network that allows for images to be: viewed <i>immediately</i> , stored more <i>efficiently</i> , transferred to providers <i>within seconds</i> with the ability to be <i>viewed and analyzed by multiple providers</i> at the same time ~ Leverage upgraded technology to recruit top healthcare professionals to the area
Improve visibility, connectivity and partnership with the community for MCMC and Mid-Columbia Health Foundation	Improved visibility of both organizations Broad ownership of mission and vision objectives Advocacy for strategic advances A recruitment opportunity for board membership A stronger, healthier community	~ Complete the Next Century Campaign, Mid-Columbia Health Foundation’s first capital campaign. See timeline page 9 for further details

GOALS CHART

Project Goals	Project Outcomes	Project Activities

Agency Name Here

Budget Example

ORGANIZATION NAME

		Computation	MCHF Funds	Agency/Other Funding	TOTAL PROJECT
Personnel					
#1) Position Title/FTE	.10 FTE Volunteer Coordinator				
Salary	\$2,785/mo x 12 mo x .10 FTE or \$33,420/yr x .10 FTE		3,342.00	30,078.00	33,420.00
Benefits	Benefits @ 28% of the salary (\$8355 x .28 = \$2088.75)		935.76	1,152.00	2,087.76
	Total Personnel		4,277.76	31,230.00	35,507.76
Services and Supplies					
1) Contractual Services*			0.00		0.00
2) Travel			0.00	0.00	0.00
3) Training			0.00		0.00
4) Office Supplies			0.00	0.00	0.00
5) Postage	1,600 stamps @ \$.42/each		0.00	672.00	672.00
6) Printing & Copying	1,000 brochures @ approx. \$1.25 each, 100 copies/mos x \$.05/copy		0.00	1,310.00	1,310.00
7) Telephone			0.00		0.00
8) Equipment Rental					0.00
	Total Services and Supplies		0.00	1,982.00	1,982.00
Other Services					
1) Rent			0.00	0.00	0.00
4) Capital Outlay					
5) Other (Describe)					
	Total Other Services		0.00	0.00	0.00
TOTAL EXPENDITURES			4,277.76	33,212.00	37,489.76

*If a grant is funded that includes contractual services, the agency must provide a copy of the signed contract.

IMPORTANT: The dollar amounts and timelines listed above must be consistent with those on the coversheet.

Organization Name

BUDGET

Project Name

	Computation	MCHF Funds	Agency/Other Funding	TOTAL PROJECT
Personnel				
	Total Personnel			
Services and Supplies				
	Total Services and Supplies			
Other Services				
	Total Other Services			
	TOTAL EXPENDITURES			

*If a grant is funded that includes contractual services, the agency must provide a copy of the signed contract.

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