



Community Health Improvement Fund 2011/2012 Annual Application Guidelines

Purpose and Philosophy

In keeping with our mission “to improve the health of people in our region,” St. Luke’s has established a Community Health Improvement Fund (CHIF) to provide financial support to not-for-profit organizations or groups whose efforts support our mission. All applications to the CHIF are evaluated by St. Luke’s Community Contributions Committee.

Funding Criteria

Funding will be considered for proposals for health-related services and activities that meet the following criteria:

- Are project or program-based. (Event sponsorship applications can be found at stlukesonline.org/giving.)
- Benefit a geographic area served by St. Luke’s Health System.
- Address one or more of the following community health priorities:
 - Youth, Family, and Women
 - Health, Wellness, and Fitness
 - Immunizations
 - Prevention: e.g. Heart Disease, Cancer, Child Abuse, Domestic Violence
 - Child Advocacy
- Are consistent with St. Luke’s mission, vision, and values.
- Demonstrate collaboration and coordination—not duplication—with other community organizations or St. Luke’s services and departments.
- Include an evaluation component based on measurable, predicted outcomes demonstrating program effectiveness.

Limitations

Funding will not be approved for the following:

- Political activities of any kind
- Construction costs or capital campaigns
- Endowment programs
- Scholarships
- Requests from individuals
- Requests for support of events, such as dinners, golf tournaments, and fun runs (see separate application at stlukesonline.org/giving).

Eligibility

Applicants must meet the following minimum requirements:

- Have current 501(c) 3 not-for-profit, tax-exempt status under IRS Code Section 170, or be a governmental agency/department or public educational institution.
- Operate under written articles of incorporation and by-laws or other written documents or statutes that define the applicant’s purposes, membership, management, and operation.
- Operate on a non-discriminatory basis in employment, recruitment of volunteers, and delivery of services.
- Demonstrate effective program performance and financial responsibility and accountability.

Operating Guidelines

- Contributions shall be used solely for the requested purpose. Funded activities shall commence in a timely manner.
- All allocations from the CHIF must be approved by the St. Luke’s Contributions Committee.
- Recipients shall give appropriate acknowledgment to St. Luke’s in all promotional materials, activities, and programs funded by the CHIF.

- Recipients shall submit a project performance report indicating the actual use of the funds and the results of the project on an annual basis.

Timeline

1. The Contributions Committee accepts requests for proposals (RFPs) beginning June 1 for the upcoming fiscal year, which begins October 1.
2. Proposals are accepted until September 30.
3. St. Luke's Board Finance Committee designates the amount of monies to be allocated to the CHIF by October 1. Ninety percent of the budget is allocated to proposals received from community organizations and for community health improvement projects. The remaining ten percent is retained for discretionary or unpredicted community health needs, programs or projects meeting the established grant criteria.
4. The Contributions Committee evaluates the applications and submits recommendations to St. Luke's Executive Team by November 1.
5. St. Luke's Executive Team makes final determinations and notifies the St. Luke's Contributions Committee. Applicants will be notified in writing by November 30. (This date may be extended if further information is required.)
6. Funding normally commences no later than November 30.
7. Each funded organization is requested to submit a project performance report evaluating their results and outcomes by October 1 of the following year.

How to Apply

Save this completed application and support documents in Word and email them as attachments to gronsdma@slhs.org. The subject field of the email should read "CHIF Application."

Required Attachments:

- Copy of applicant's IRS 501(c) 3 ruling letter (may be sent as a pdf).
- For grant requests of \$10,000 or more: Copies of financial audit or financial statements for three most recent fiscal years (may be sent as a pdf or Excel file).

Emailed applications are preferred; however, paper applications may be sent to the address below.

Applications must be received by St. Luke's no later than September 30. Late or incomplete applications will not be considered.

Contact:

Marcia Gronsdahl
Community Relations Coordinator
St. Luke's Health System
190 E. Bannock Street
Boise, Idaho 83712
Email: gronsdma@slhs.org
Phone: (208) 381-2398



Community Health Improvement Fund 2011/2012 Annual Application Form

Organization Information

Organization Name _____

Address _____

City _____ State _____ Zip _____

Primary Contact _____ Title _____

Phone _____ Email _____ Website _____

Purpose/Mission _____

Primary Contact Information *(complete only if different than contact info above)*

Primary Contact for this Request _____

Address _____

City _____ State _____ Zip _____

Title _____

Phone _____ Email _____

Project Information

Date of this Request _____ Amount Requested \$ _____

Complete the sentence: "If awarded, the funds will be used to" _____

Are you requesting sponsorship or support for an event (such as a dinner, tournament, run/walk event, etc.)? Yes No *If yes, do not complete this application. You may apply for funding through a separate application at stlukesonline.org/giving.*

Are you requesting the donation of an item(s) for an auction, raffle, or similar purpose? Yes No *If yes, do not complete this application. You may apply for this type of support through a separate application at stlukesonline.org/giving.*

Type of Funding Requested: Cash grant _____

Matching cash grant *(Please explain.)* _____

In-kind support *(If there are expenditures in your project budget where an in-kind donation of goods/services from St. Luke's would be helpful, check this box and note the expenditures in the budget.)* _____

Project Budget

Please feel free to use your own budget format, using the categories below as a basic guideline. If there are expenditures where an in-kind donation of goods/services from St. Luke's would be appropriate and helpful, please indicate this and provide as much detail as possible.

Personnel costs	\$
Administrative costs	\$
Operating costs	\$
Supplies/Materials	\$
Other (specify)	\$
Total Project Budget	\$
Other Sources of Funding	\$
Amount Requested from CHIF	\$

1. *St. Luke's mission is "to improve the health of people in our region," and is based on the following values: Integrity, Compassion, Accountability, Respect, and Excellence. Describe your project and address how it is consistent with St. Luke's mission and values.*

2. *Describe how the project demonstrates collaboration, and not duplication, with other community organizations and/or St. Luke's services and departments. List any collaborating organizations.*

3. *Address the project's consistency with identified community health needs and priorities (survey data, health statistics, etc.).*

4. *List the expected results of the project, with specific objectives, timetable, and process to achieve results. Include how results will be measured.*

5. *Will the project continue after the Community Health Improvement funding cycle? If so, how it will be funded?*

6. *Please list board members and note any affiliations you are aware of with St. Luke's (such as board, volunteer, staff, etc.).*

7. *Has your organization received charitable funding from St. Luke's in the past, either in the form of a grant, in-kind support, or event sponsorship? If so, list dates and amounts.*

You may expand the table as needed to complete your information.