Community Hospitals and Wellness Centers
Bryan · Montpelier · Archbold

CHWC Employee Philanthropy Program
Donation Application for Organizations

Grants will only be awarded to tax-exempt organizations classified as 501(c)(3) charities. Please attach IRS Determination Letter with application upon submission.

Organization Name _____

Address _____

City, State, Zip _____

Phone _____   Email _____

Contact Person _____   Title _____

Email _____   Web address _____

Project Information

Grant Amount Requested $ _____   Total Cost of Project $ _____

Amount Requested as a % of Total Project Cost _____ %

Project Dates – Start: ____/____/_____   End: ____/____/_____

Is this project/program new to your organization?   New   Established

Project Name & Brief Summary

What evidence do you have of this need?

How is your organization positioned to address this need?

Specifically, how will the funds will be spent for the project?

If the full amount of your request for funding cannot be granted, can your organization accept partial funding and still meet the goals of your project? If not, please explain.　　Yes　　　No

If this is an ongoing project, how will it be funded in the future?

If this is a capital project, how will ongoing maintenance be funded?

Are you currently collaborating with other organizations to make your project a success? If so, please explain.　　Yes　　　　No

What tools will be used to evaluate the project? What outcomes will be necessary to classify the project as a success?

Is there any other pertinent information that you wish to include?

Organization Information

Provide a current list of officers, directors and/or trustees of organization and how long each has been with the organization.

Is your organization affiliated with any religious organization? *If yes, please describe.*   Yes   No

Has your organization applied for a CHWC EPP grant in the past?   Yes   No

If so, did your organization receive a CHWC EPP grant in the past?   Yes   No

What specific population/geographic area will this grant serve?

Please provide a brief statement of the mission, objectives and history of your organization.

Financial Information for Project

Summary of how project will be financed. Please attach purchase estimates and/or project bids for new construction or renovation.

Funding Source	Amount	Pending/Committed
Individual donors, total donation amount:		
Corporate, please specify:		
Loans, please specify:		
Government, please specify:		
Other sources, please specify:		

Expense Items	Amount	% of Total Project
Total Budget of Project:		

Financial Information for Organization

Please attach your organization's most current financial statements dated no earlier than 3 months from the date of the grant application.

990 Information: Federal law requires all 501(c)(3) organizations to submit either a 990, 990-EZ or a 990-N annually. To demonstrate your organization's compliance with this law, the CHWC Employee Philanthropy Program requires that each applicant submit a copy of their latest return.

Checking Balance:_____   Savings Balance:_____

Total Endowments:_____   CD/Investment Balance:_____

Completion of Application

Please carefully review the information you entered into this application prior to submitting. Make sure you have completed it fully and elaborated when specific information was requested throughout the form.

Checklist:

Accurate, completed application

Requested signatures (below)

Copy of most current financial statements

Copy of most recent 990, 990-EZ or 990-N as submitted to the IRS

Organization's current annual operating budget detailing income and expenses

Requested Signature

To be signed by the organization's board president/chair and by the individual to whom future questions and correspondence may be addressed with regard to this application:

_____   _____
Board president / chair or equivalent   *Date*

_____   _____
Project contact person   *Date*

Confidentiality Notice
This application and the attached documents are provided in confidence for the sole purpose of applying for donation from Community Hospitals and Wellness Centers Philanthropy Program and may not be disclosed other than to individuals on a need to know basis for the purpose of making decisions regarding the donation of funds to the applicant and may not be disclosed to any third party or used for any other purpose.