



2017 Health Care Grant Application
\$10,000 Awarded Annually
Applications due by *Friday, March 17, 2016*

GENERAL INFORMATION

Applicant: _____ **Contact Person:** _____

Project Title: _____ **E-mail address:** _____

Address: _____ **City:** _____

Phone Number: _____

OUR MISSION

The Scott Community Foundation is a nonprofit organization dedicated to preserving local wealth so the communities in and around Scott County will forever remain attractive places to live, work, and raise a family.

ELIGIBILITY CRITERIA

1. Grant funds must be for charitable or philanthropic purposes that agree with the Foundation's mission.
2. Recipients must be a 501 (c)(3) organization, a governmental agency, groups may request SCF to be the 501 (c)(3) for small community groups.
3. Projects must be located within Scott County or the surrounding area, or must primarily benefit Scott County.
4. Capital campaigns, endowment programs, and political projects are not eligible for funding.
5. Grant funds may not be used to eliminate operating deficits or to retire debt.
6. Organizations that practice discrimination on the basis of race, color, creed, sex, age or national origin are not eligible for funding.

REVIEW PROCESS

Deadline for submitting applications for the 2017 grant cycle is Friday, March 17th, 2016

Projects will be evaluated based on the following criteria:

1. The most good achieved for the greatest number of people.
2. Health care impact on the Scott Community.
3. Addressing a clear, identifiable need.
4. Creativity.
5. Operational strength of the applicant organization, including project leadership, assurance for project completion and fundraising capabilities towards project.
6. Rank when compared to other applications received during funding cycle.

FINANCIAL INFORMATION

Time period of your project: Include start date and ending date:

Date when funds will be needed (grants awarded April 2017):

Total project cost:

Total requested from SCF:

Are you willing to accept a grant for less than your requested amount?

Yes

No

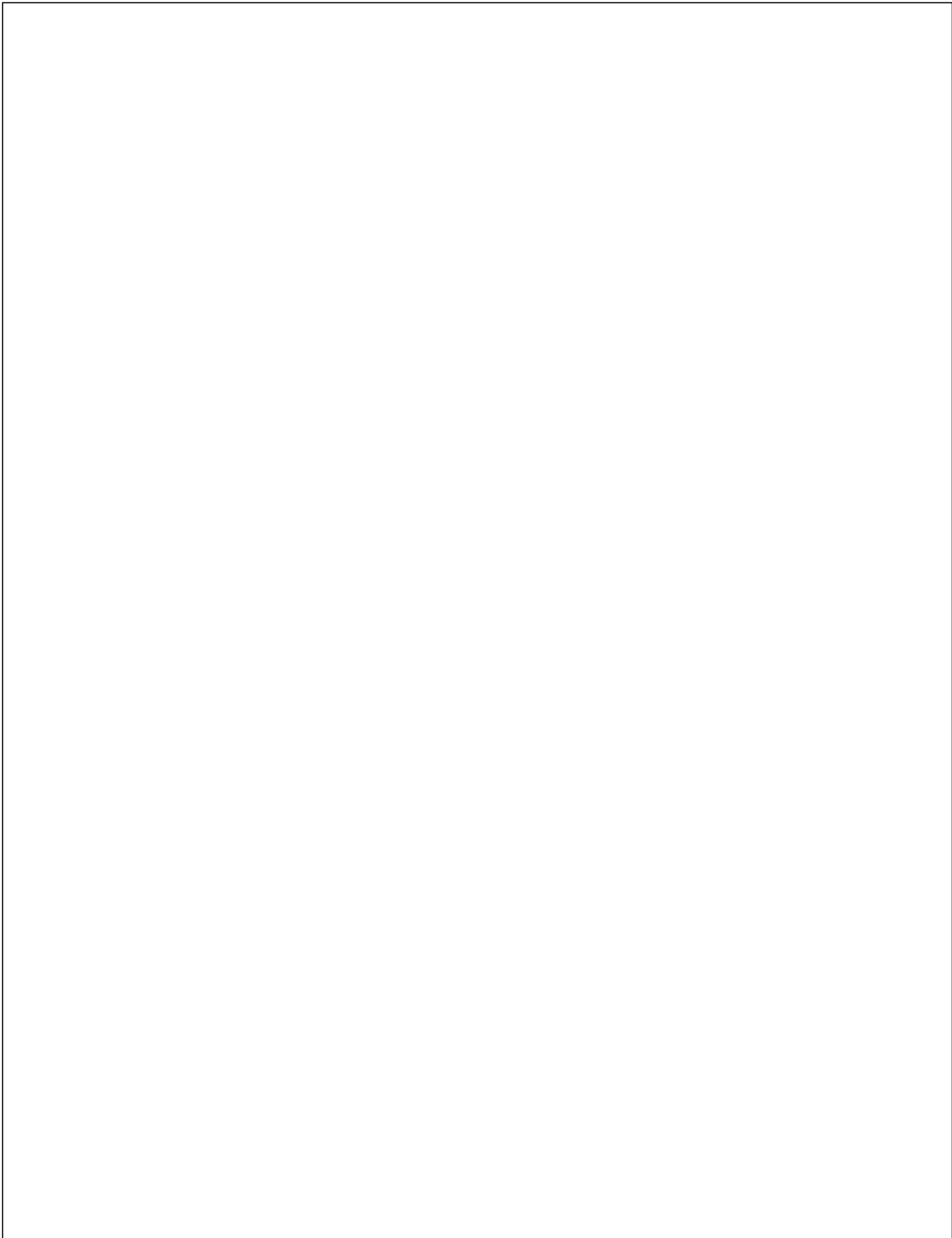
If yes, is there a minimum grant amount acceptable for the project to proceed? If so please state the amount.

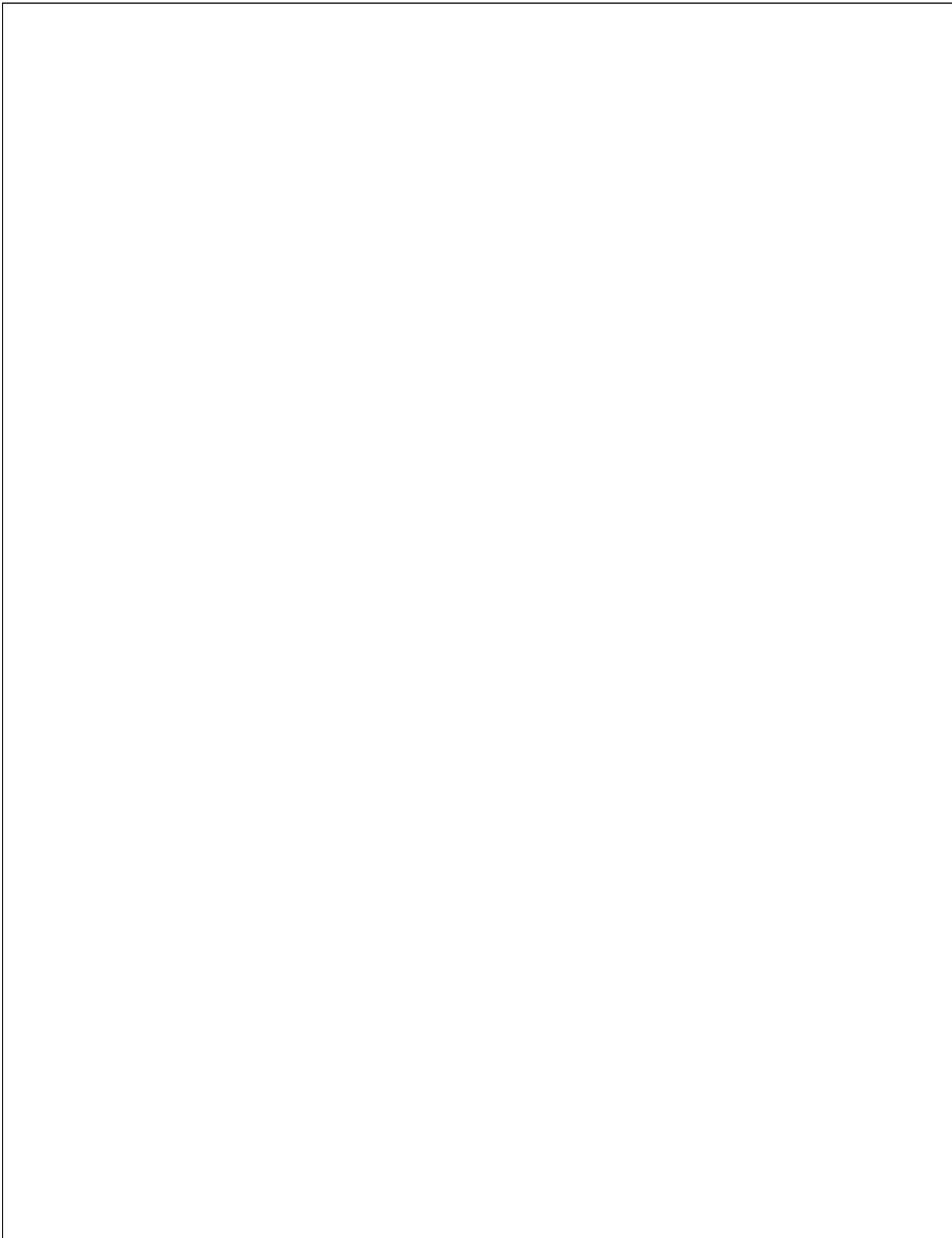
\$_____

REQUEST FOR FUNDS

In the space provided below please tell us about your health care proposal. Be sure to include the following and label the information by letter in your narrative.

- a. The mission or purpose of your organization or group.
- b. A definition of need, including how the need has been determined.
- c. The targeted population.
- d. Description of the project.
- e. Your expected results.
- f. Your timetable and process for achieving results.
- g. Other funding sources.
- h. How you will evaluate the success of your proposal.





Please provide a complete project budget and a list of board members in the space provided below.

Please e-mail a letter of support from your board that includes approval of the project to brinlee@scottcf.org. Also, include a scanned copy of your IRS 501 (c)(3) determination letter or evidence of public entity status.

Submit completed applications by **Friday, March 17, 2017** to brinlee@scottcf.org or to the Scott Community Foundation, 210 W 4th Street.

Questions? Contact the Scott Community Foundation at 620-872-3790 or e-mail Brinlee Griffith, brinlee@scottcf.org