



**Mission** The St. Joseph Community Health Foundation, sponsored by the Poor Handmaids of Jesus Christ, stewards resources to:

- Respond** to community needs with grants;
- Leverage** collaboration with community partners;
- Engage** in transformational initiatives.

We serve the poor in body, mind and spirit to achieve quality health and wellness, focusing on the community of Allen County, Indiana and may respond to needs among other underserved populations.

## FALL 2017 GRANT GUIDELINES

**APPLICATIONS FOR GRANTS OF \$5,000 OR MORE ARE DUE BY SEPTEMBER 1**

### ELIGIBILITY

- Applicants should be 501(c)3 not-for-profit organizations that focus on residents of Allen County, Indiana.
- Applicants should have a demonstrated history of serving poor and vulnerable populations with physical, mental, spiritual, dental, and/or visual health and wellness services.
- Applicants should share our [core values and key beliefs](#). The St. Joseph Community Health Foundation shares the values and charism of its Sponsor, the Poor Handmaids of Jesus Christ, and follows [Catholic Social Teaching](#). Applicants are encouraged to learn more at [www.sjchf.org](http://www.sjchf.org).

### WHAT WE FUND

**Health and Wellness Grants** (Typically ranging from \$5,000 to \$35,000)

These funds are to advance programs, projects, and partnerships that improve the access to quality healthcare and the health of the poor and powerless. The Foundation has defined health to include physical, mental, spiritual, dental, and/or visual health. Typically, only programs that can demonstrate that greater than 51% of their clients are very low income with health issues are considered for these grants.

### LIMITED FUNDS ARE ALSO AVAILABLE FOR:

**Frederick J. Pfeiffer Fund in Honor of Charles F. and Henrietta Eckart Pfeiffer** These funds are restricted to healthcare programs for capital improvements or acquiring medical & surgical equipment. The majority of these grants are directed to help local clinics acquire medical equipment.

**Burn Care and Prevention** These funds are restricted to burn prevention education and to educate health care professionals and first responders in emergency situations to treat severe burns with best care practices.

*Staff will assist with matching a request to the appropriate donor restricted fund. We encourage grant seekers to discuss proposal ideas with Foundation staff by telephone, personal appointment, or email prior to submitting a proposal. This will help confirm basic funding compatibility.*

### CONTACT INFORMATION

The St. Joseph Community  
Health Foundation  
347 West Berry St., Suite 101  
Fort Wayne, IN 46802  
260.969.2001  
[www.sjchf.org](http://www.sjchf.org)

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Marla Rust, Executive Assistant  
& Grants Coordinator  
[mrust@sjchf.org](mailto:mrust@sjchf.org)

The Foundation will consider requests for:

- Program & operating support
- Program-related equipment
- Staff continuing education
- Technical assistance
- Matching funds
- Burn care and prevention

Grant applications will **not** be accepted for:

- Building projects
- Elimination of deficits
- Political activities
- Individuals
- Projects already completed

## APPLY FOR A GRANT OF \$5,000 OR MORE

**Beginning Fall 2017, all grant applications must be submitted online.**

**A link to the grant application is located on the Foundation's website at [www.sjchf.org](http://www.sjchf.org).**

*The first time you apply for an online grant, you will need extra time to register your organization.*

*This requires providing the agency's official name, EIN/Tax ID, and contact information.*

**Applications for grants of \$5,000 or more are due by September 1, 2017.**

*Below is the information that will be required to apply for grant funding.*

### PROGRAM OVERVIEW

- Amount requested
- One-sentence description of grant request
- Indicate area of community impact: Quality Healthcare Network, Strategies to Improve Access to Care, Refugee & Immigrant Health, Prenatal & Infant Care, Nutrition & Food Accessibility, Spiritual Health, Medical & Surgical Equipment, Other (briefly describe)
- Total program cost
- Date funds needed
- Indicate if you would like to be considered for ongoing funding for this grant
- Advise if your organization's Executive Director/CEO authorized this application
- Unduplicated number of individuals served by program annually
- Brief description of individuals served by program
- Percent or number of low income/poor served
- Criteria used to define low income
- Number of services/visits provided by program annually

### ORGANIZATION INFORMATION

- Organization mission statement
- Overview of organization's history, values, staffing, programs and recent distinctions
- Have there been collaborative and/or innovative strategies used in the past two years that have had a transformational impact on the clients, staff, and/or agency?

### PROGRAM DESCRIPTION

- Explain the proposed program's relevance to your organization's work and how it advances the Foundation's mission.
- Description of the health issue to be addressed, including underlying needs, conditions, and available community resources.
- Description of the target population, their demonstrated financial need, and your organization's expertise and capacity to serve them.

- LIST the specific desired outcomes of the program. How do you plan to measure your effectiveness in achieving those outcomes?
- Describe the implementation plan for this program, including staffing qualifications, timeline, and use of "best practice" program models.
- If the program is successful, identify strategies to replicate the program, stay abreast of new innovations and research, as well as identify additional revenue streams that might enable you to reach more individuals.
- Total program budget amount
- Program budget and budget narrative

### ATTACHMENTS

- List of board members with their professional affiliations. Please advise how frequently the board meets and if minutes are kept.
- Most recent 990 filed with the IRS
- Most recent audit (If you do not have an audit, upload a document that explains your board's expertise and procedures to ensure financial stewardship.)
- Audit management letter
- Organization's current operating budget with revenues AND expenses
- Organization's current year budget vs. actual with revenues AND expenses (If you are at least six months into your fiscal year at the time of submission.)
- Organization's previous year budget vs. actual with revenues AND expenses
- Job description (If requesting funding for at least 75% of a specific position.)
- MOU / MOA (If this application represents a collaboration.)

**After Your Grant Application is Submitted** Foundation staff may contact you during our review process to clarify information in your application or request additional information. You can expect to receive a funding decision within 90 days.