



**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.

## 2017 GRANT GUIDELINES

### HEALTH AND WELLNESS GRANTS & PFEIFFER FUND FOR MEDICAL AND SURGICAL EQUIPMENT

#### 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).

#### FOCUS AREAS

**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.

**Frederick J. Pfeiffer Fund in Honor of Charles F. and Henrietta Eckart Pfeiffer** (Typically ranging from \$500 to \$10,000) These funds are restricted to healthcare programs for capital improvements or acquiring medical & surgical equipment. Over the years, these funds have primarily been directed to help local clinics acquire medical equipment.

*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)

Meg Distler, Executive Director  
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& Grants Coordinator  
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The Foundation will consider requests for:

- Program & operating support
- Program-related equipment
- Staff continuing education
- Technical assistance
- Matching funds

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

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

# APPLY FOR A GRANT

All grant applications for Health and Wellness Grants & Pfeiffer Fund for Medical and Surgical Equipment must be submitted electronically via email to [mrust@sjchf.org](mailto:mrust@sjchf.org). We accept files in the following formats: Microsoft Word (.doc or .docx), Microsoft Excel (.xls or .xlsx), or PDF (.pdf). If you do not have a scanner, take your document(s) to a print/copy store where they can be scanned for you. **Applications are accepted on the first working day of March and September.**

## 1. PROGRAM OVERVIEW

Prepare a one-page summary of your grant request on your organization's letterhead. Include the following:

1. Organization's legal name, address, phone, and website
2. Doing business as "dba" name (if applicable)
3. Name, title, phone number, and email address of primary contact
4. Name, title, phone number, and email address of Executive Director/President/CEO
5. Executive Director/President/CEO's signature and date authorizing this request
6. Name of Board Chair
7. One-sentence description of grant request (no more than 255 characters, including spaces)
8. Grant amount requested
9. Total program cost
10. Date funds needed
11. Indicate if you would like to be considered for ongoing funding for this grant.
12. Number of individuals served by program annually
13. Percent or number of unique low income/poor served by this program and criteria used to identify "low income"
14. Number of services/visits provided by program annually

## 2. NARRATIVE

Describe your organization and project. Please limit this to no more than six pages and include the following:

1. Overview of organization's history, mission, values, staffing, programs and recent distinctions. What new collaborations and/or innovative strategies have been used in the past two years that have had a transformational impact on the clients, staff, and/or agency?
2. Explain the proposed program's relevance to your organization's work and how it advances the Foundation's mission.
3. Description of the health issue to be addressed, including underlying needs, conditions, and available community resources.

4. Description of the target population, their demonstrated financial need, and your agency's expertise and capacity to serve them.
5. Desired outcomes and how you plan to measure your effectiveness in achieving those outcomes.
6. Implementation plan for this program, including staffing qualifications, timeline, and use of "best practice" program models.
7. 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.
8. Program budget and budget narrative.

## 3. ATTACHMENTS

Compile and include the following documents:

1. List of board members with their professional affiliations. Please advise how frequently the board meets and if minutes are kept.
2. If proposal requests funding for at least 75% of a specific position, include proposed job description.
3. If proposal represents a collaboration, a memorandum of understanding between parties is requested.
4. Current 990 filed with the IRS
5. Current audit with management letter (If you do not have an audit, please explain board's expertise and procedures to ensure solid financial standing.)
6. Current year operating budget with revenues and expenses
7. If you are at least six months into your fiscal year at time of submission, please include a report of current fiscal activity compared to budget.
8. Previous year budget vs. actual revenues and expenses

**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, if needed. You can expect to receive a funding decision within 90 days.