

**APPLICATION FORM FOR THE SAMARITAN HOSPITAL FOUNDATION
COMMUNITY FUNDING & MARKETING SPONSORSHIP REQUESTS**

SECTION 1: ORGANIZATION INFORMATION

Date: _____

Name of Organization: _____

Are you: ___ 501(c)(3) Organization ___ School/Govt. Agency ___ Other _____ EINS

Address: _____ **City/State/Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

Organization mission, vision, values:

SECTION 2: YOUR REQUEST

___ Cash Donation Amount Requested: _____

___ Event Sponsorship Amount Requested: _____

___ In-Kind Support Explain: _____

___ Other Explain: _____

SECTION 3: DESCRIPTION OF REQUEST

Does this project address a community health priority? Please check all that apply to your project:

___ Disease Management/Prevention:
 ___ Diabetes ___ Heart Disease ___ Obesity ___ Childhood Obesity
 ___ Smoking Prevention/Cessation ___ Cancer ___ Other (Describe) _____

___ Mental Health Services (adults and children)

___ Youth: Risky Behaviors

___ Needs of Vulnerable and Underserved Populations

___ Access to Health Care Services

___ Root Causes of Health Problems such as poverty, homelessness, environmental issues

If you checked any of the above, please complete **SECTION 4 – COMMUNITY BENEFIT FUNDING**

If none of these apply to your project, complete **SECTION 5 – MARKETING SPONSORSHIP REQUEST**

SECTION 4: COMMUNITY BENEFIT FUNDING

Name of Program / Project / Event: _____

Purpose of Program / Project / Event: _____

Date / Timeframe of Program: _____

Please provide a concise overview of your program / project:

What are the target population (age, gender) and number to be served _____

What is the geographic area of the project: _____

Is this service / activity unique to the community? Please explain:

Describe how this project demonstrates collaboration, and not duplication, with other community organizations:

What are your measurable objectives?

What kind of impact will this project have on identified community health needs you checked above?

Will this project continue after this funding cycle? If so how will it be funded?

If your request is for more than \$1,000, you will be required to submit a project performance report indicating the actual use of the funds and the results of the project. This will be included with your funding check.

SECTION 5: MARKETING SPONSORSHIP REQUEST

Examples include donations to professional organizations, sponsorships of fundraising run / walks or dinners, donation of an item(s) for an auction, raffle or similar purpose.

Name of Program / Project / Event: _____

Purpose of Program / Project / Event: _____

Date / Timeframe of Program: _____

How will requested funds be used?

What is the number of attendees / people served by this event / Project? _____

Please explain how this program will benefit our community.

How will this program enhance the visibility and awareness of Ashland County Health and Wellness Foundation regional commitment?

If your request is for more than \$1,000, you will be required to submit a project performance report indicating the actual use of the funds and the results of the project. The form will be included with your funding check.

SECTION 6: SIGNATURE

Signature: _____ Title: _____

Date: _____

_____(Name of Charity)
GRANT ACCEPTANCE AGREEMENT

re: _____ Charity ("Organization") pursuant to our Application No.

This document, all the conditions and terms herein, and any attachments, will serve as your agreement to accept the funds and implement the program as approved:

Description of project _____

It is understood that Samaritan Hospital Foundation will be provided a complete report for the project upon completion.

I. Purpose of Grant and General Information.

A. The grant will be used exclusively for the purposes specified in "Organization's" application or in amended documents. "Organization" will directly administer the program specified and will insure that funds are disbursed only to implement the approved program.

B. Unless otherwise provided in writing, this grant is made with the understanding that the Samaritan Hospital Foundation has no obligation to provide other or additional support to the organization.

C. All grants are made, and must be used, in accordance with all applicable laws, regulations and rulings.

D. In order to receive funds from the Samaritan Hospital Foundation, the organization must be a school/govt. agency or have received a ruling from the Internal Revenue Service confirming that the organization is exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code and that the organization is not a private foundation as defined in section 509(a) of the Internal Revenue Code. In the event there is any change in the organization's tax exempt status, the organization will immediately notify the Samaritan Hospital Foundation in writing.

E. Any significant changes, additions or deletions to any part of the program goals, objectives, activities, outcomes, timetable or budget as originally approved must be requested in writing by the organization. "Organization" will notify the Samaritan Hospital Foundation if there is a change in its key personnel. If there is any question as to the significance of a particular change, please contact the Samaritan Hospital Foundation.

II. Accounting and Audit.

"Organization" will retain all records pertaining to the expenditures associated with this grant, completion of this grant and agrees to make its books and records available to the Samaritan Hospital Foundation or its designated agents upon request.

III. Reporting and Publicity.

"Organization" will, **within one year from the date of this agreement or within 90 days of the completion of the need for these funds whichever is less**, provide Samaritan Hospital Foundation with a report, including photographs if appropriate, showing what this grant has helped you accomplish.

"Organization" will provide Samaritan Hospital Foundation with copy of any proposed public announcement or press release concerning this grant prior to release of any information.

“Organization” grants Samaritan Hospital, its representatives and employees the right to take and/or use photographs and information in connection with this grant. I authorize Samaritan Hospital Foundation, its assigns and transferees to copyright, use and publish the same in print and/or electronically for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

This the _____ day of _____ 20____

By: _____

Authorized Signature

By: _____

Richard L. Beal, President
Samaritan Hospital Foundation

Printed Name and Title:

_____ Charity