

Number: _____

(to be supplied by Foundation)

Date Received: _____

(to be supplied by Foundation)

External Grant **Application Form** 2010

To apply for an external grant, please complete this form in full and return it to the Rockford Memorial Development Foundation by December 31, 2009. You may attach other information you feel would help explain your grant request – but submit only single sheets that we can copy for each member of the grants committee. **Please note this change: Submit only one grant application for your organization, even if you intend to apply the funds to more than one program.** All applications will be reviewed by the External Grants Committee, and notification to the requester will follow within one week of funding decisions. Questions on External Grants should be directed to the Foundation Office at 815-971-4141.

A. Grant Cycle

This application is for the grant cycle with a grant submission deadline of:

December 31, 2009 for the 2010 year. Grants are made once a year.

B. Grant Request At a Glance

Organization Name: _____

Grant Title: _____ Amount Requested: \$ _____

C. Contact Information

Contact Name: _____ Title: _____

Address: _____

Telephone Number: _____ E-mail: _____

D. Eligibility Criteria

- ✓ Are you a not-for-profit organization? No Yes, documentation is attached.
- ✓ Is this grant related to a health care initiative that will improve the health of people in our region?
 No Yes
- ✓ Does your organization support the mission/vision of Rockford Health System (please see grant guidelines overview)? No Yes
- ✓ Is the primary service area of your organization in northwestern Illinois/southern Wisconsin?
 No Yes, we serve: _____
- ✓ Is the amount of this grant request within the \$5,000 limit set by the External Grants committee?
- ✓ If your organization is a prior grant recipient, has the follow-up form from your most recent grant been submitted to the Rockford Memorial Development Foundation? No Yes

NOTE: If you answered “No” to any of these questions, you are not eligible to apply for an External Grant at this time. Please see grant guidelines for more information.

E. Board Member List

I have attached a current mailing list of my organization's board of directors.

My organization does not have a board of directors.

F. Request Information

Funds are requested for:

Community Event Community Program Capital Project Operations AED*

*If your request is to fund an Automated External Defibrillator (AED) please contact the Foundation for specific grant request guidelines.

Amount of Support Requested \$ _____ Is this the total amount needed? Yes No

Other funding sources for this project includes \$ _____ from _____

Dates of program or project: _____

Make check payable to: _____

Date by which you need the check: _____

Send the check to (if address is different from above information): _____

This request includes:

Corporate Table Need for us to supply a logo

A program ad. Deadline for ad submission: _____ Dimensions of ad: _____
Person/address to which ad should be submitted if other than contact name above:

F. Your Grant Request

Briefly describe your grant request and how the funds would be used:

How will this grant **directly** improve the health of people in our community?

How many people will be involved in this activity or program? _____

What will happen if you do not receive this grant?

How does your organization currently interface with Rockford Health System?

What involvement, if any, would Rockford Health System or its physicians, administrators, employees have in this event or initiative? Please be specific.

How will Rockford Health System be recognized or promoted in relationship with this grant? If there are different levels of sponsorship recognition available, please include information on various sponsorship packages.

Has your organization ever received an External Grant from the Rockford Memorial Development Foundation? Yes No

If yes, when and how much? _____

If yes, is this the same event/program covered by this application? Yes No

Additional comments you would like to add for the Committee's review

Applicant's signature _____ **Date** _____



**Please submit to: *Annual Giving Director, Rockford Memorial Development Foundation*
*2400 N. Rockton Avenue, Rockford, IL 61103***

(The 2010 External Grant review meeting will be held in January of 2010.)

External Grant Application Guidelines 2010

Mission of Rockford Health System:

*Superior Care.
Every Day.
For All Our Patients.*

Purpose

The Rockford Memorial Development Foundation is proud to offer the External Grants program. The purpose of the External Grants program is to provide financial support to not-for-profit organizations in the Rockford area, targeting organizations that partner with Rockford Health System's mission of providing superior care to our patients.

Funding

The Foundation Board of Directors annually approves the funds to be made available through the External Grants program. Funding for this program comes from interest earned on unrestricted contributions to the Foundation, not from the contributions themselves.

Review

The External Grants Committee holds responsibility for reviewing and approving requests according to the program guidelines and within the funding parameters established by the Foundation Board. The External Grants committee reserves the right to approve or deny all requests for funding.

Grant Cycles

External Grants are awarded in a single grant cycle. All grant applications must be received in the Foundation by December 31, 2009 and will be reviewed in January for the entire 2010 year.

You will receive notification within one week of the grant committee meeting regarding the status of your request. Organizations may apply for support for more than one event or program in a single application and make photocopies of the application form as necessary.

Eligibility Criteria

All applicants must:

- Be a not-for-profit organization.
- Serve or represent our local area.
- Be in concert with the mission of Rockford Health System.
- If a prior grant recipient, have submitted the appropriate feedback forms from the prior grant.

Grant Priorities

- Organization or grant request relates to a health issue.
- Request *directly* improves the health of area citizens.
- Request supports a Rockford Health System strategic initiative.

- Request delivers high impact relative to the amount of dollars requested. The External Grants committee reserves the right to reduce grant awards.
- The relationship between the organization and Rockford Health System is positive, e.g., funding history, satisfaction with past partnerships, Rockford Health System employees involved with the organization.
- Request provides opportunities to promote Rockford Health System.

Grant Request Limits

To best accommodate the volume of grants competing for the limited dollars of the External Grants Program, the committee will not grant more than \$5,000 to a single organization.* If there are different levels of sponsorship recognition available for an event or program, applicants should include information on various sponsorship packages in the grant request.

*A small number of local organizations whose grants and programs have consistently scored the highest in prior grant cycles have been selected by the External Grants Committee to be eligible to apply for slightly larger grant amounts. Eligible organizations will be reviewed and contacted annually.

Application Forms

All requests must complete the External Grant application form and submit proof of not-for-profit status along with a list and mailing addresses of board members, if applicable. You may make additional copies of the grant form if you are requesting funds for more than one event in a single grant application. Supplementary material may also be submitted, but only single sheet materials will be copied for distribution to committee members.

Funding Follow-Up

Each grant must be used for the explicit purpose and within the time-frame stated in the approved grant application. Grants fund not used should be returned to the Rockford Memorial Development Foundation.

Each grant recipient must complete and submit a follow-up form by the end of the calendar year in which the grant was received to verify that the funds have been expended as intended. Organizations that have not submitted the appropriate follow-up form will not be eligible for additional grants.

Other Types of Funding Requests

A request that does not meet the funding guidelines of the External Grant program may be eligible for other types of support from Rockford Health System. Please direct your requests accordingly.

- Requests that are primarily promotional in nature (e.g., program ads, non-health-related sponsorships, and other types of advertising) should be directed to Wester Wuori, Marketing & Public Relations - Director, 2400 N. Rockton Ave., Rockford, IL 61103. Phone: 971-6742.
- Requests related to neighborhood community involvement, school partnerships and diversity initiatives should be directed to Dorothy Fluker-Thurman, Director of Diversity and Community Involvement, 2400 N. Rockton Avenue, Rockford, IL 61103. Phone: 971-7104.

AEDs

If your request is to fund an Automated External Defibrillator for your organization, please contact the Foundation for a separate grant request form and guidelines.

Rockford Memorial Development Foundation Contact Information

Phone: 815/971-4141 **E-mail:** foundation@rhsnet.org

Web: <http://www.rockfordhealthsystem.org/aboutus-RMDF-externalgrants.aspx>