

Number: _____
(to be supplied by Foundation)

Date Received: _____
(to be supplied by Foundation)

External Grant Application Form 2012

To apply for an external grant, please complete this form in full and return it to the Rockford Memorial Development Foundation by December 31, 2011. 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 in January of 2012, and notification to the requester will follow shortly after the decision-making process. Questions on External Grants should be directed to the Foundation Office at 815-971-4141.

A. Grant Request At a Glance

Organization Name: _____

Grant Title: _____ Amount Requested: \$ _____

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

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 see the separate AED guidelines and application form.*

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:

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** _____

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

(The 2012 External Grant review meeting will be held in January of 2012.)