

COMMUNITY GRANT/SPONSORSHIP PROGRAM GUIDELINES & APPLICATION

St. Joseph Regional Medical Center is committed to improving the health and quality of life of our community. This is accomplished, in part, by supporting community based organizations through donations and sponsorships. Our Community Benefit Grant Program provides us an opportunity to respond to requests from eligible organization whose work is in alignment with our mission and funding priorities. St. Joseph is limited to providing support for organizations exempt under Section 501 (c) (3) of the Internal Revenue Service.

MONETARY DONATIONS AND SPONSORSHIP REQUESTS

St. Joseph Regional Medical Center limits donation and sponsorship requests to non-profit organizations only. Listed below are requests that we are unable to consider.

- Individuals
- Political parties, candidates or causes
- Incomplete applications
- Requests made less than 4 weeks in advance
- Events that occur outside of our service area
- St. Joseph reserves the right to consider each donation request on an individual, case-by-case basis.

EVALUATION AND FOLLOW UP

Many factors are included in the evaluation of submitted requests. All applications/requests are reviewed by our Community Contributions Committee bi-weekly and are dependent on available funding. Applicants can expect a response within 4 weeks, regardless of approval or denial, of your request. A decision to deny a request does not imply the applicants program is not worthy, but rather that it does not fall within our guidelines or the funds are not available.



COMMUNITY GRANT PROGRAM APPLICATION

Please review our donation guidelines before submitting your request.

Date of Application: _____ **Donation Request:** _____

Name of Organization: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Contact Person: _____

Phone: _____ **Email:** _____

Organization Web Address: _____

Event/Project Name: _____ **Date:** _____

Description of Event/Project: _____

How will this event impact and improve the healthcare status of our region? _____

Please describe your request: _____

How will you measure your results? _____

Describe your organization's purpose/mission and how it serves our community and/or region: _____

Has St. Joseph donated to your organization in the past? Yes No

Please describe how St. Joseph will be acknowledged for the donation (promotional considerations, advertising, recognition, etc.) Attach additional documents if available.

Do you need a logo for recognition/advertisement? Yes No

<u>For Office Use Only:</u>	Notes:
Date Reviewed: _____	
Approved: YES NO	
	02/2018