

Checklist for Grant Applications

The Menomonie Community Health Foundation supports projects that promote health education, healthy lifestyles, applied health research, and health care delivery to benefit the community served by the Red Cedar Medical Center. The brochure, "Community Grant Policies and Procedures," may be obtained from the Menomonie Community Health Foundation, and should be referred to for general information concerning grant application. The intent of this checklist is to assist applicants in determining if a proposed grant is within the funding scope of the Foundation. If you need clarification on any of the items, please contact the Health Foundation at (715) 232-9557.

Checklist:

Yes No

1. Is the group/organization applying for the grant a non-profit group?
2. Is the area to be served by the grant part of the service area of the Red Cedar Medical Center? The RCMC service area is limited to the following zip codes: 54751, 54735, 54749, 54730, 54725, 54722, 54012, 54013, 54027, 54767, 54740, 54737, 54739, 54734, and 54763.
3. Does this proposal seek to improve the health of the community and serve a need of the population to be served?

If the answer to any of the above questions is "No," this grant application is not appropriate and will not be considered for funding by the Health Foundation.

4. Is the purpose of this proposal to cover routine operating costs and ongoing expenses, administrative costs, or budget deficits?
5. Does the organization/group requesting the grant wish to use the grant to further political or religious beliefs?
6. Is this grant being requested as a part of a fundraising campaign or an endowment?
7. Does this proposal benefit the health needs of a single individual?

If the answer to any of the above questions is "Yes," this grant application is not appropriate and will not be considered for funding by the Health Foundation.

The Health Foundation generally prefers not to fund the following:

8. Proposals to fund a building project.
9. Proposals related to sporting events and prom or graduation parties.
10. Proposals involving multiple year requests or on-going commitments. Projects that propose to be multi-year should submit proposals annually and address retirement of benefits.
11. Proposals that duplicate or compete with the efforts of another agency. Exceptions may be made if the grant would provide exceptional health benefits to persons within the service area of Myrtle Werth Hospital.

Procedural Check:

_____ Persons named as cooperating in carrying out this grant have given their consent.

_____ The proposer has approval from the sponsoring organization and supervisors for this grant application.

These procedures must be completed before the Grant Application can be considered.