



*An investment in the future*

Promoting health care in:

Baxter  
Bertha  
Henning  
Ottertail  
Sebeka  
Verndale  
Wadena

## Moen Brothers Grant

The Moen Brothers Endowment/Disabled Children's Endowment was established in 2012 to assist area youth throughout the year. The grant is for equipment or educational programs that specifically benefit youth with physical or cognitive impairments and lives within the Tri-County Health Care service area.

The mission of the Tri-County Health Care Foundation is to inspire charitable giving to improve the health of the communities we serve. This statement supports funding activities that promote health care and education through grants to organizations in the service area of Tri-County Health Care. The Tri-County Health Care Foundation has designed these grant guidelines to assist communities within Tri-County Health Care's service area in the advancement of health care.

Grant requests will be generated through meetings of Tri-County Health Care's Foundation Board, Governing Board, Satellite Clinic Advisory Boards, Executive Committee, and Department Managers or through a direct mail solicitation to community organizations.

The Foundation will accept applications for the Moen Brothers Endowment on an ongoing basis throughout the calendar year and will be reviewed regularly by the Tri-County Health Care Foundation Board.

### **APPLICATIONS ACCEPTED ON AN ONGOING BASIS**

(All applications must include this cover page and enclosed completed application form.)

#### **Eligibility Criteria:**

1. Individuals applying for funds must pose some form of disability or be submitted on behalf of a student that meets the criteria.
2. This grant is specifically intended for students with physical or cognitive impairments.
3. Individuals applying for funds must reside in the Tri-County Health Care service area.
4. The Foundation operates without discrimination as to race, age, religion, sex or national origin in the consideration of grant requests, and will award grants only to individuals, which do not discriminate as to race, age, religion, sex or national origin.

#### **Requirements:**

1. Completed application form.
2. Detailed budget showing how requested funds would be spent.

#### **Notification:**

The Tri-County Health Care Foundation executive director will make notification of grant approval. Inquiries may be made by phone: (218) 632-8148, fax: (218) 631-7503, mail: Tri-County Health Care Foundation, 415 Jefferson St. N, Wadena, MN 56482 or e-mail: ryan.damlo@tchc.org.

415 Jefferson St. N., Wadena, MN 56482

Phone 218-632-8148 • Fax 218-631-7503

# TRI-COUNTY HEALTH CARE FOUNDATION

Moen Brothers Grant Application

## PROFILE INFORMATION:

Applicant Organization		
Street Address		Apartment/Unit #
City	State	ZIP
Contact Person		Title
Telephone		Email Address
Tax Status	<input type="checkbox"/> 501 (c)(3) <input type="checkbox"/> Governmental Organization	

## EQUIPMENT NEEDS/EDUCATIONAL PROGRAMS:

Project Title		
Statement of Project:		
Statement of Project Purpose:		
Health Related Project: <input type="checkbox"/> Event <input type="checkbox"/> Educational Program <input type="checkbox"/> Equipment		
Project Start Date:		Project End Date:
Amount Requested:		Total Project Cost:
Other Revenue Sources:		
Specific Objectives:		

**TRI-COUNTY HEALTH CARE FOUNDATION**  
Moen Brothers Grant Application

ATTACHMENTS:

In addition to this application, please attach the following:

1. Detailed budget showing how requested funds will be spent.

CERTIFICATION:

In submitting this application, the applicant agrees that it will spend funds solely for the purposes stated in the application and will refund the unexpended portion of such funds, if any. The applicant will provide a final summary, in writing, at the end of the project to the Foundation Board. In addition, the applicant will not discriminate as to race, age, religion, sex or national origin.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title