



An investment in the future

Promoting health care in:

Baxter
Bertha
Henning
Ottertail
Sebeka
Verndale
Wadena

TRI-COUNTY HOSPITAL FOUNDATION GRANT GUIDELINES AND APPLICATION

The mission of the Tri-County Hospital Foundation is to gather charitable gifts on behalf of Tri-County Hospital for the benefit of the communities and surrounding areas serviced by Tri-County Hospital.

This statement supports funding activities that promote health care and education through grants to organizations in the service area of Tri-County Hospital (TCH). The Tri-County Hospital Foundation has designed these grant guidelines to assist communities within Tri-County Hospital's service area in the advancement of health care.

Grant requests will be generated through meetings of Tri-County Hospital'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 semi-annually, to make grant awards at the second and fourth quarterly meetings of the Foundation Board. Application deadlines are as follows:

APRIL 15 or OCTOBER 15
of the current year

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

ELIGIBILITY:

1. Health related educational programs, events or equipment.
2. Organizations applying for funds must serve residents in the Tri-County Hospital service area.
3. Grants are restricted to nonprofit organizations which have a 501(c)(3) tax exempt status from the Internal Revenue Service or governmental organizations.

CRITERIA:

1. To support community based health care educational programs that contribute to the quality of life in the TCH service area.
2. To support health care events, which strengthen community awareness to wellness.
3. To introduce new technology, which benefits the community at large.
4. To support non-operational expenses of well-established organizations.
5. To promote the elimination of duplicated health care services.

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 organizations, which do not discriminate as to race, age, religion, sex or national origin.

415 Jefferson Street N, Wadena, MN 56482

Phone 218-632-8148 • Fax 218-631-7503



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RESTRICTIONS:

1. Grants are not made to support operating expenses of well-established organizations or in response to annual fund drives for sustaining support.
2. Grants are not made to establish or add to endowment funds.
3. Grants are not made to individuals for external scholarships.

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REQUIREMENTS:

1. Completed application form.
2. Detailed budget showing how requested funds would be spent.
3. Copy of IRS tax-exempt letter if appropriate.

NOTIFICATION:

TCHC Executive Director of Foundation, will make notification of grant approval. Inquiries can be made by calling (218)632-8148, fax (218)631-7503, by writing: Tri-County Health Care Foundation, 415 Jefferson St. N, Wadena, MN 56482 or by email: ryan.damlo@tchc.org.

**TRI-COUNTY HOSPITAL FOUNDATION
GRANT APPLICATION FORM**

PROFILE INFORMATION:

Applicant Organization: _____

Address: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____

Tax Status: check one: _____ 501(c)(3) _____ Governmental Organization

PROJECT DESCRIPTION:

Project Title: _____

Statement of Project Purpose:

Geographic Area to be Served by Project:

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Health Related Project: _____ Event _____ Educational Program _____
_____ Equipment _____

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Project Start Date: _____ Project End Date: _____
Amount Requested: _____ Total Project Cost: _____

Other Revenue Sources: _____

Specific Objectives:

(If additional space is needed to indicate objective, please use reverse side.)

ATTACHMENTS:

In addition to this application, please attach the following:

1. Detailed budget showing how requested funds will be spent.
2. Copy of IRS tax-exempt letter if appropriate.

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

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