



Community Foundation

HOW TO APPLY FOR A COMMUNITY GRANT

Deadlines

The Bay Area Hospital Community Foundation will be awarding grants through the Foundation on an annual basis. The annual deadline is March 1. The awards will be announced prior to June 30. Grants are awarded annually based on the hospital's fiscal year, July 1-June 30.

All requests must be from organizations and groups within the hospital's operating region of Coos, Curry, Western Douglas and Western Lane counties. Preference will be given to projects that provide evidence of coordination and partnership with other organizations. We will only accept one application per organization.

Please submit TWO complete packets including project information that shows relevancy to the Bay Area Hospital Mission and Vision.

- MISSION "We improve the health of our community every day."
- VISION "Bay Area Hospital will be the model for regional health care excellence."

Application Packet

Your packet should be in the following order:

- Completed and signed application form
- Detailed narrative, no more than two pages in length – grant funding to be used in the fiscal year
- Budget showing revenues and expenses, if a multi year project show the budget for each year
- Organization budget for the current year
- Financial statement including income statement and balance sheet
- Organization's letter from the IRS granting tax exempt status as a 501c(3) organization or be a governmental entity
- Board of directors list

A grant report must be submitted following the event or project and no later than February 1st of the following year.



Grant Application

Date: _____

Please check one: New Renewal

Organization Name:

Alternate Name:

Address:

City:

County:

Phone Number:

Fax Number:

Executive Director or Board Chair - (Mr., Ms., Dr.):

First Name:

Last Name:

Title:

E-Mail:

Mission and Primary Activities:

Counties served:

Employer ID number (EIN):

Year organization established:

Number of paid employees:

FTE:

Number of volunteers:

Number of board members:

Number of board members who contribute to annual budget:

Number of board meetings per year:

Organization Financial Information:

Organization budget for current year (provide income statement and balance sheet)

Organization expenditure total for last year:

Organization revenue total for last year:

**Revenue
breakdown
for last year**

Memberships & individual contributions (if applicable):

Fundraising benefits:

Corporate/business contributions:

Government support:

Foundation support:

Endowment earnings:

Other (identify sources):

Please list grant applications to Bay Area Hospital District and amounts awarded during the past three years:

Grant Contact Person – (Mr., Ms., Dr.):

Name:

Title:

Phone:

E-mail:

Project Description – *if applicable* (one sentence):

Key Project Components (a snapshot of your project, including population to be served and measurable outcomes):

How many persons will benefit directly from the project?

Project Budget:

Dollars requested:

How does the project fit within the Hospital’s Mission and Vision?

**How will you acknowledge Bay Area Hospital if your grant is funded?
(advertising, annual report, etc.)**

Other proposed sources of funding and amounts for each (please note if funding secured with “yes” or “no”):

_____ Secured?	_____ Secured?
_____ Secured?	_____ Secured?
_____ Secured?	_____ Secured?
_____ Secured?	_____ Secured?

With my signature I certify the following: The above information is correct; I am authorized by the governing board of this organization to submit this grant application to Bay Area Hospital Community Foundation; this organization is in good standing with the IRS, retains its 501c(3) tax-exempt status, and is further classified as a public charity; this organization does not discriminate on the basis of race, religion, sexual preference, physical circumstances or national origin.

Name (printed) of head of organization

Title

Signature of head of organization (director or board chair)

Date

**Send to:
Bay Area Hospital Community Foundation
Bay Area Hospital
1775 Thompson Road
Coos Bay, OR 97420**