

## COMMUNITY GRANT REQUEST

**Riverview Health Care Foundation was created by Riverview Hospital Association in December 1984. The primary beneficiary of funds is the Riverview Hospital Association. However, the Articles of Incorporation also state that the Foundation may make grants to non-profit tax exempt organizations in Wood County for health-related programs and projects.**

**The accompanying form must be submitted to the Foundation office no less than two weeks prior to a Board grant meeting in order for the Board to review the request. The Board members are scheduled to meet the 2<sup>nd</sup> Tuesday in January, May and September to review grant requests.**

**A spokesperson of the requesting organization will be asked to attend the Board meeting to answer questions of the directors regarding that request.**

**Please include along with the attached request form:**

- *A list of the board of directors of your organization.*
- *A list of the officers of your organization.*
- *Relevant financial information (i.e., detailed breakdown of projected expenses, price quotes, etc.).*
- *A brief history of your organization.*
- *Any other information you feel the Board should know about your organization or project.*

**You will be informed of the disposition of your request within one week of the Board Meeting.**

**If you have any questions please call:**

**Jennifer Hayes President/CEO  
Riverview Health Care Foundation  
715-421-7488**

**COMMUNITY GRANT REQUEST FORM**

- **Name of organization making request:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_
- **Name/Title of individual making request:** \_\_\_\_\_

\_\_\_\_\_

- **Do you have a non-profit status – 501 ( c ) ( 3 )? \_\_\_\_\_ Yes \_\_\_\_\_ No**
- **Are you a United Way agency? \_\_\_\_\_ Yes \_\_\_\_\_ No**
- **Number of dollars being requested?** \_\_\_\_\_
- **How will you use the funds requested? Program? Project? Equipment?**

**Be specific:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Number of people to benefit from funding:** \_\_\_\_\_
- **Is the Foundation being asked for the total funding needed? \_\_\_\_\_ Yes \_\_\_\_\_ No**
- **Will you be requesting funds from any other source? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, how much and from whom?** \_\_\_\_\_  
\_\_\_\_\_

- **Will you be using any of your current funds? \_\_\_\_\_ Yes \_\_\_\_\_ No**
- **Is this a one-time request? \_\_\_\_\_ Yes \_\_\_\_\_ No**
- **Would you expect to make subsequent requests? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, explain:** \_\_\_\_\_  
\_\_\_\_\_