



Auxiliary Mission Statement:

The purpose of this organization is to render service to St. Luke's McCall Medical Center, its patients and community, and to assist St. Luke's McCall in promoting the health and welfare of the community in accordance with objectives established by the governing board of the hospital.

2020 grant application will be accepted from:

- Community Children's Medical Fund
- Community Medical Fund (adult health services and programs)
- St. Luke's McCall Complex Care
- St. Luke's McCall Brighter Smiles
- Non-profit organizations for health-related projects (this does not include recreation-focused programs)

How to apply:

1. To apply for funding for a project which meets the criteria outlined in this packet, please submit the following application. **The application can either be mailed or e-mailed (see address below).**
2. Please provide the Auxiliary Grant Committee with enough information to determine if your proposal is within St. Luke's McCall's Auxiliary's Mission Statement and guidelines (see above).
3. Clearly describe your proposal on the Application Form, including a detailed budget for the proposed project (see attached form).
4. Please limit proposals to not less than \$500 or more than \$25,000.

Note: The Grant program does not fund:

- Salaries
- Instructor/guest speaker fees
- Non-medical specific equipment
- Recreation-focused programs
- Tuition, scholarships, participation fees
- Training/travel expenses
- Marketing/advertising
- General office operating expenses/supplies
- Construction materials/supplies

(The Grant Committee reserves the right to make decisions on a case-by-case basis.)

Deadline: 5:00 p.m. Friday, September 27, 2019

Applications received or postmarked after this date and time will NOT be considered.

Mail your application and full proposal to:

St. Luke's McCall Auxiliary Grant Committee

Attn: Jennifa d'arcRaven

1000 State St.

McCall, ID 83638

Or e-mail to: darcravj@slhs.org

REVIEW PROCESS:

- Grant applications must be submitted by 5pm, Friday, September 27, 2019.
- Grant recipients will be decided in November 2019, with funds awarded in January 2020.
- St. Luke's McCall Auxiliary Grant Committee has the right to recommend acceptance or rejection of grant proposals, and to require further information regarding the proposal. Their recommendations will be forwarded to the Auxiliary Board of Directors for review and recommendation. Final approval of all grant proposals will rest with a vote of the Auxiliary membership.
- Expenditures of grant funds, which vary from the original grant proposal, must be presented to the Grant Committee for approval. **Use of excess funds from cost savings must also have Grant Committee approval prior to expenditure.**
- An INTERIM Report must be submitted by May 31, 2020, and a FINAL Report by October 1, 2020. The Final Report will include a budget page showing how the money has been expended, or how any remaining money will be expended by December 31.
- If all funds are not expended by December 31, 2020, a verification of the need for an extension of time is required or the unexpended funds will be returned to the St. Luke's McCall Auxiliary.

The Final Report must include the following:

1. Project outcomes as outlined in the original proposal.
 2. A grant budget page. Include copies of invoices of purchases (see enclosed budget sheet).
 3. Use of excess funds from cost savings. (Grant Committee approval needed prior to expenditure.)
- A representative of your organization may be invited to discuss your application with the Grant Committee and/or present an oral report at an Auxiliary membership meeting.

If you have any questions regarding the St. Luke's McCall Auxiliary Grant Program and its application, please contact:

Holly Thrash, Grant Committee Chair, 208-634-6996

**This grant is made possible through proceeds raised by the
St. Luke's McCall Auxiliary Thrift Shop.**

The Auxiliary Thrift Shop opened May 1, 1998. The first two years of operation were overwhelmingly successful. It became apparent there was a need for more space. The Auxiliary purchased and renovated the old post office building and opened for business in the new location July 1, 2000.

Donation of clothing, jewelry, and household goods are appreciated and new volunteers are always welcome. The Thrift Shop has made a positive difference for our regional community.

Thank you to all who volunteer their time for the St. Luke's McCall Auxiliary.

GRANT APPLICATION 2020

Date of Application Submission:	Amount of Request:
Organization/Agency applying for Grant funds. Must Include copy of 501(c)(3) under which you qualify - required each year (even if you have applied before).	
Contact Person:	
Name of Authorized Representative of Your Organization:	
Mailing Address:	
Daytime Telephone:	
Email:	
Organization Mission Statement:	
Check which category this grant application represents:	
<input type="checkbox"/> Community Children's Medical Fund	
<input type="checkbox"/> Community Medical Fund (adult health services and programs)	
<input type="checkbox"/> St. Luke's McCall Complex Care	
<input type="checkbox"/> St. Luke's McCall Brighter Smiles	
<input type="checkbox"/> Other health related projects	
1. Project Title:	
Brief narrative of project <i>(overall picture of project, connecting the events in time):</i>	

2. Identify the need for this project:

3. Describe target group for which grant proposal is intended (specific demographics such as *age, grade level and number served*):

4. Describe the project in detail, including a timeline:

5. Describe the specific results (outcomes) of this project:

6. Describe how you will measure the results (outcomes) of this project:

7. In the event you would receive partial or no funding for this proposal, how would this affect the project?

8. Explain how the project will continue after the end of grant funding:

9. Will there be other sources of funding? Complete the attached budget sheet, indicating in-kind contributions or matching funds.

10. If you have a cost savings within the scope of your proposal, what would be your next use of the excess funds? **

****USE OF EXCESS FUNDS FROM COST SAVINGS MUST HAVE GRANT COMMITTEE APPROVAL PRIOR TO EXPENDITURE.**

Before you submit your application, did you include the following:

- Name of authorized representative of your organization.
- Phone number, complete **mailing** address and **email** address.
- A copy of your tax exempt document (even if you submitted it in the past).**
- Response to all requested information and questions (number 1-10 on application)
- Completed budget page.

Match/In-Kind Funds

(a.) List the source, (b.) amount, and give a (c.) description of matching/in-kind funds obligated to the project. Add column 'b' and put total at the bottom.

(a.) CONTRIBUTOR	(b.) AMOUNT	(c.) DESCRPTION
TOTAL		