SHIAWASSEE
— COMMUNITY FOUNDATION —
For good. For ever.®

MEMORIAL HEALTHCARE FOUNDATION
COMMUNITY HEALTH & EDUCATION FUND

GRANT APPLICATION

Due March 15, 2024 @ 4:00 pm

Memorial Hospital opened in 1921 in memory of Shiawassee county soldiers, sailors, marines, and nurses who served their country during World War I. Memorial Healthcare serves over 88,000 residents in the greater Shiawassee County region by providing high-quality services not only at the main hospital but through its many satellite locations in Chesaning, Durand, Perry, Laingsburg, Ovid, Elsie, and Corunna.

The purpose of this fund is to support local non-profits in health outreach programs primarily serving residents of Shiawassee County.

Grants are awarded to qualifying organizations including non-profits that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code, schools, municipalities, and other governmental entities that serve a charitable purpose.

Date:	
Legal Name of Organization:	
Street Address:	
City, State, Zip:	
Phone:	
Website:	
Tax ID Number:	
Grant Amount Requested:	
CONTACT INFORMATION	
Name:	
Phone:	
Email:	

GRANT APPLICATION NARRATIVE

Please **attach a narrative** answering the following questions. Be as clear as possible when describing your proposed project.

1. What project or program will the requested grant money be used for? Please describe.

2. What is the timetable for implementation of this project?

3. What outcomes do you hope to achieve with this project? How will you evaluate the success of the project?

_____   _____

Authorized Signature   **Title**

Today's Date: _____

REQUIRED ATTACHMENTS

1. Project Budget - be specific about how grant funds will be spent if awarded

2. IRS determination letter or proof of the organization's structure

3. Current list of governing body and officers of the organization

4. Most recent financial statements or tax return of the organization

5. Include a list of other partners (if any) in the project and their roles

6. For Student/School Organizations Only:
   a. List of officers of the student organization and adult advisor/coach
   b. Letter of support from the school principal or superintendent

FINAL CHECKLIST

Before submitting your application, be sure you have included the following:

- Grant application form (pages 1 and 2)
- Narrative
- Required attachments

Return completed grant application and required documents to:

Please submit the grant application and the following required information to the Foundation office by the deadline. In order to receive consideration for grant funding, applications must be complete and include all required documentation. **Applications may be mailed, emailed, or delivered in person;** the Foundation does not accept faxed applications. It is the applicant's responsibility to confirm receipt of the application.

By Mail: **Shiawassee Community Foundation**
                P.O. Box 753
                Owosso, MI 48867

                (Must be postmarked no later than March 15, 2024)

In Person: **Shiawassee Community Foundation**
                217 N. Washington Street, Suite 104
                Owosso, MI 48867

                Office hours are Mon, Wed, Thurs: 9am–4pm
                Tue & Fri: By Appointment

By Email: **apps@shiacf.org**

Please direct questions to Kim Renwick at
(989) 725-1093 or kim@shiacf.org

www.shiacf.org

REQUIRED DISCLOSURES:

The Shiawassee Community Foundation Board of Directors reserves the right to extend any and all grant deadlines at their discretion. They also reserve the right to not award any and all grants in any given year.

Completing and submitting a grant application does not guarantee an award.

All grants will be made on an objective and nondiscriminatory basis determined by the criteria of each respective fund.

Grant amounts vary each year depending on available funding.

All grant application information submitted to SCF is handled in a strictly confidential manner.

Grant Selection Committee members are required to sign a Confidentiality Statement indicating that they will keep all application information confidential.

If funded, you will be required to submit a Final Grant Report to SCF detailing how the grant money was spent (documented with receipts) and how successfully the project achieved its proposed outcomes.

Applications may be disqualified if the applicant has an outstanding final grant report from a previous grant. Please contact our office if this is the case.

For SCF Office Use Only:

Date Received:	Grant Cycle/Year:
Amount Approved:	Date of Board Approval:
Issue Grant Check To:	