



Aspirus Iron Area Health Foundation Grant Application

Date of Application: _____

Legal Name of Organization: _____

Executive Director: _____

Contact Person/Title
(If different from Executive Director): _____

Email: _____

Organization Website: _____ EIN: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Project Name: _____

Purpose of Grant: _____

Beginning and Ending Project Dates: _____

Amount Requested \$ _____ Total Project Cost \$ _____

When is Funding Needed? _____

What is the Plan for Sustainability? _____

Are there any Funds Secured and/or Pending for the Work you are Proposing? ____ Yes ____ No

Is your organization exempt 501(c) 3 IRS not-for-profit or governmental units? ____ Yes ____ No

If anyone from Aspirus Iron River Hospital & Clinics Inc., is actively involved, please identify that person (s)_____

As a recipient, please describe how AIAHF will be promoted: _____

Applications may be sent electronically to peg.james@aspirus.org or a physical application may be sent to PO Box 468, Iron River, MI 49935.

Aspirus Iron Area Health Foundation Grant Application

Please structure your proposal to provide the following information in the order indicated. Use the headings, subheadings, and numbers provided in your own word processing format to address the questions and issues posed in the outline. The questions reflect the general interests and concerns of the Aspirus Iron Area Health Foundation, but are not intended to be conclusive. Additional information pertinent to your project should be included.

Organization Information

- Summarize your organization's history.
- State the organization's mission and goals.
- Outline current programs and activities.
- Highlight organizational accomplishments.

Purpose of Grant

- Describe the proposed program or project.
- Identify the needs, problems, and/or opportunities to be addressed. What are the challenges to the project? Who else in the specified area is addressing this issue?
- Identify the target population/geographic community served and how they will benefit. How will you reach this community?
- Explain how the project contributes to and/or impacts the community.
- What are the goals of the project? What methods will you use to achieve the objectives?
- Outline the key staff and volunteers' qualifications and experience critical to the project.
- Identify other organizations and/or partners participating in the project and their roles.
- Provide a timetable for the project.
- Identify long-term funding resources for the project. How will the project be sustained?

Evaluation

- Identify how you will measure and report back to AIAHF the impact of the program.
- Identify that a health factor or outcome has been improved and how this was measured.

Attachments

- Copy of the current IRS determination letter indicating 501(c) 3 tax-exempt status or governmental units.
- Organizational Financial Statements:** Financial statements from the last two (2) fiscal years (audited if possible) and current operating budget for the organization (expenses and income).
- Project Financial Statements:** Two-year project budget (expenses and income).
- List of other funders and/or potential funders and amounts committed or requested for the specified project.

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