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**REQUEST FOR FUNDING**

**General Information about CRH Foundation**

The mission of Columbus Regional Health Foundation is to improve the health of the people in southeastern Indiana. We do this by actively raising funds to support Columbus Regional Health healthcare initiatives, and by providing financial support and advocacy for the Healthy Communities Initiative.

Each year, the Foundation raises funds for and awards approximately $400,000 to VIMCare Clinic, $250,000 to Healthy Communities Action Teams, and $250,000 to Columbus Regional Health department projects and scholarships.

**General Information about Community Requests**

CRH Foundation provides additional funds each year to support requests from community organizations. Requests must be for work that aligns with the priorities of the Healthy Communities Initiative and/or Columbus Regional Health.

**Funding Principles**

* We prefer projects that partner with or support the goals of Healthy Communities, VIMCare Clinic, CRH’s Treatment and Support Center, and Columbus Regional Health.
* We only fund requests from not-for-profit organizations.
* We prefer to support programs and services; or people to deliver them.
* We will fund capital & equipment requests; but only if they result in increased access to health services for vulnerable people.

**What We Will Support**

CRH Foundation supports Columbus Regional Health’s Community Health Needs Assessment (CHNA) strategy: <https://www.crh.org/plan>

Current CHNA strategy goal areas:

1. Access to care; including community-based healthcare services for CRH patients.
2. Substance Use Disorder; treatment, recovery, and prevention.
3. Infant mortality prevention.
4. Prevention and management of diseases and disorders.

**What We Won’t Support**

Fundraising events, even if they are health-related.

Projects, services, or products of for-profit organizations.

Projects of local government departments.

Direct gifts to individuals.

High school senior projects.

We do not make grants directly to faith-based organizations.

**Priority Considerations**

Priority consideration is given to requests that meet some or all of the following criteria:

* Innovation
* Demonstrates collaboration with multiple stakeholders
* Demonstrates multiple funding sources
* Meets a new, unidentified need or offers a new solution to a previously identified need
* Meets the need of low-income, medically underserved, or other vulnerable people
* Demonstrates capacity for long-term sustainability

**Application Deadline** Monday, March 25, 2024

**Notification Date** Friday, May 17, 2024

**Please return completed application to** **crothbart@crh.org** **or mail to:**

**CRH Foundation**

**Attn: Cheryl Rothbart**

**2400 E 17th Street**

**Columbus, IN 47201**

**Questions? Please contact Cheryl Rothbart at** **crothbart@crh.org** **or 812-376-5100.**

**2024 APPLICATION FOR FUNDING**

**Please address the following criteria when completing this application:**

**I. Name of Project:** Click or tap here to enter text.

**II. Amount Requested:** Click or tap here to enter text.

III. Requesting Organization: Click or tap here to enter text.

**IV. Organization’s federal not-for-profit tax ID number:** Click or tap here to enter text.

**V. Target population that will be served by this project:** Click or tap here to enter text.

VI. Briefly describe your project or need for funding (150 words or less).

 Click or tap here to enter text.

VII. Identify which CHNA Strategy goal area(s) your project addresses:

**­­**[ ] Access to care; including community-based healthcare services for CRH patients

[ ]  Substance Use Disorder; treatment, recovery and prevention

[ ]  Infant mortality prevention

[ ]  Prevention and management of diseases and disorders

**VIII. What will a grant from CRH Foundation enable you to do? (150 words or less)**

Click or tap here to enter text.

**IX. If your organization receives a grant for this project from CRHF, you will be required to provide a report within 1 year of receiving the grant. List tracking measures that will demonstrate how the funded project will impact the target population. For example, number of people served, health outcome measures that will be improved, etc. Be specific.**

Click or tap here to enter text.

**X. List your other funding sources and amounts for this project.**

Click or tap here to enter text.

**XI. What percentage of the total cost of this project would the CRHF grant cover?**

Click or tap here to enter text.**%**

**XII. What percentage of your organization’s total expense budget would this grant amount to?** Click or tap here to enter text.**%**

**XIII. Please attach a current financial statement for your organization. If you are a new organization, please attach a proposed annual budget.XIV. Has this project been funded by the Foundation before?** [ ]  **Yes** [ ]  **No**

 **If yes, when?** Click or tap here to enter text.

 **How much? $**Click or tap here to enter text.

XV. How will project be sustained after CRHF support? (150 words or less)

 Click or tap here to enter text.

XVI. If you received funding for this project in the past, did you complete an Impact of Foundation Funds Report and submit it to CRHF?

[ ]  Yes [ ]  No

XVII. Please include a brochure, a website link, or a mission statement with details of

 your project or organization. Include whom you serve and what you do.

XVIII. We reserve the right to meet with you in person, electronically, or by phone if

 necessary to fully understand your request. By completing this application, you

 agree to comply with this requirement.

XIX. Please contact Cheryl Rothbart at crothbart@crh.org or 812-376-5100 if you prefer

 an in-person meeting to complete this application and better explain your project.

XX. Please demonstrate individual client impact in some way (a narrative, a personal

 quote, a link to a video, etc.).

XXI. In order to receive funding from CRHF, applicants must be prepared to attend an

 impact event on June 20, 2024, 11:30am-1:00pm, where you will communicate

 the impact of the grant on your project.

**Organization Name:** Click or tap here to enter text.

**Applicant Authorized Representative Name**: Click or tap here to enter text.

**Organization Contact:** Click or tap here to enter text.

**Organization Address**: Click or tap here to enter text.

**Contact email address:** Click or tap here to enter text.

**Contact phone number (direct #):** Click or tap here to enter text.

**Date:** Click or tap here to enter text.