



Ascension All Saints Hospital Foundation

EXTERNAL ORGANIZATION REQUEST

ALL SAINTS FOUNDATION MISSION

To actively build and sustain philanthropic support for the advancement of healthcare in the community.

ALL SAINTS FOUNDATION VISION

All Saints Foundation will be the focus in uniting resources to benefit the health and well being of communities we serve.

GUIDELINES

Programs seeking support should be designed to strengthen health care in our communities and must be in line with the mission and vision of All Saints Foundation, Ascension All Saints Hospital and Ascension Wisconsin. All Saints Foundation will provide matching funds toward health care projects that improve the health and wellness of residents. Example programs include, but are not limited to, equipment purchases, continuing educational programs, and training. The intent is not to fund annual programs, but to help purchase equipment, update programs, or to start new programs.

For full funding consideration, each application should adhere to the following guidelines:

1. Organization must be a federally recognized tax exempt organization.
2. Requests for the following will not be considered.
 - a. Multiple year requests.
 - b. Administrative salaries or other personnel related expenses.
 - c. Individuals.
 - d. Athletic sponsorships, lobbying efforts or political action committees.
3. All Saints Foundation encourages collaboration and partnering, whenever possible, with other agencies in the community. All Saints Foundation will not financially support programs or services that overlap or are duplicated by other organizations in the community.
4. Funds must be used within the Ascension All Saints Hospital service area. The beneficiaries of this support should include but are not limited to schools, emergency care providers, not-for-profit health clinics, and health care providers serving children through older adults.
5. Although requests for planning projects are not discouraged, requests are encouraged to be focused towards active projects with direct health service.
6. All Saints Foundation will not fund more than 50% of the program or equipment cost.
7. Each organization receiving funding must submit a written update, including receipt of purchases, on the progress of the project within 6 months of the current funding year. Organizations failing to provide this update will not be considered for funding in future years.

The Community Health Committee makes recommendations to the All Saints Foundation Board of Directors which meets quarterly.

SEND GRANT REQUESTS TO:

All Saints Foundation
3805 – B Spring Street
Suite 220
Racine, Wisconsin 53405



Ascension All Saints Hospital Foundation

EXTERNAL ORGANIZATION REQUEST

Section 1: Organization Information

Name of Organization	Contact Person	Application Date
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Address	City	State	Zip Code
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Telephone	E-mail Address
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Name of Program	Amount Requested
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Type of service provided: (Describe)

Is it a federally recognized tax-exempt organization? ☐ Yes ☐ No Type _____
Please provide documentation.

Has your organization received funding from All Saints Foundation in the past? _____

If yes, please list the year(s), amount(s), and programs(s) funded. _____

Was a program report submitted? ☐ Yes ☐ No

Briefly describe your organization's mission: _____

Section 2: Program Information

Name of Program

Amount Requested

Type of Request: (check one) ☐ Special project/program ☐ Equipment ☐ Other

Please provide a summary of your program's purpose and activities. Describe in detail how your program addresses the grant's goal to strengthen health care in relation to wellness, prevention, training, or outreach. Please attach additional documentation as appropriate.

[illegible]

What are the measureable outcomes as they relate to healthcare sought through this program and how will you determine success?

Please list other organizations providing similar services.

Describe the population or groups participating in, or impacted by, your program. Please include demographics data and the estimated population your program impacts. _____

Section 3: Program Budget

Name of Program

Amount Requested

Program budget total. _____

Amount you have raised to date. _____

List and identify the sources and amounts of income, potential income, and in-kind contributions for this project.

How will All Saints Foundation funds be used for your program? Be very specific. _____

If amount granted is less than the amount requested, how will this program be completed? _____

Attach program budget.

Section 4: Communication

How will you communicate this program to your target population? _____

How will you communicate the program's results with the community? _____

How will you communicate the support of All Saints Foundation to the community? _____

Section 5: Grant Application Checklist

- ☐ Completed grant application
- ☐ Program budget
- ☐ Organization's proof of tax-exempt status
- ☐ Current organizational operating budget
- ☐ Current organization balance sheet and income statement
- ☐ Current list of Board of Directors
- ☐ Please provide original application

Section 6: Grant Application Agreement

The undersigned hereby certifies that the information included with this application is correct to the best of my knowledge. The IRS 501(c)(3) has not been revoked, canceled or modified. Funds will be used for the project outlined in the application as agreed by both parties.

Signature of Authorized Official

Date