



## **Canton-Inwood Area Health Foundation** **Heart of the Community** **Health & Wellness Grant Application**

The Canton-Inwood Area Health Foundation administers a grant program called “Heart of the Community” for health & wellness projects. Grant funding applications will be considered for organizations interested in health and wellness projects aimed to improve the overall health of the Sanford Canton-Inwood service area.

A health and wellness project is defined for the purpose of this grant as one or more events or activities that target safety, health, recreation, prevention and/or nutrition.

Funds may be used for supplies, materials, equipment and/or personnel.

Applications will be reviewed one time per year. **The 2018 deadline is April 6<sup>th</sup>, 2018.**

### **WHO CAN APPLY**

Those eligible are nonprofits, schools, government, quasi-government agencies and churches, to name a few. Preferences may be given to those applicants that are within the Sanford Canton-Inwood Medical Center’s service area.

### **APPLICATION PROCESS**

- To apply, complete the following application and submit it and related documents to Sanford Canton-Inwood Area Health Foundation, attn: Scholarships & Grants Committee. Please type all responses and provide sufficient information to enable the Committee to have a clear understanding of the project.

Some suggestions:

To prepare an itemized budget, “shop ahead” to identify potential costs and indicate cost and quantity of each item. Here is a sample budget:

<b>Quantity</b>	<b>Item</b>	<b>Unit Cost</b>	<b>Total Cost</b>
40	Bike Helmets	\$20.00	\$800.00
100	Educ. Brochures	\$00.10	\$100.00
2	Gift Certificates-drawing	\$50.00	\$100.00
<b>Total Requested</b>			<b>\$1000.00</b>

- Limit of one application per project, but organization can apply for more than one project.
- Applicants will be notified of a decision within 60 days of application deadline.
- If approved, applicants should receive funds within 30 days.
- It is required that grant funds awarded be expended to complete the project by April 30, 2019.
- **Applicants who are awarded a grant are required to submit a post-project summary form within 30 days of completion of their project.**

Mail the completed application to:  
**Canton-Inwood Area Health Foundation**  
**Attn: Scholarships & Grants Committee**  
**P.O. Box 292**  
**Canton, SD 57013**

*We look forward to reviewing your request.*

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Incomplete applications will not be considered.



**Canton-Inwood**  
Area Health Foundation

**Canton-Inwood Area Health Care Foundation**  
**2018 Heart of the Community Health & Wellness Grant Application**

Please type all information. If more space is needed, use additional paper and attach it to the application.  
Deadline for submission of the application is postmark date of April 6, 2018.

Organization Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email address \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Grant Request: \$** \_\_\_\_\_ **Total Project Cost: \$** \_\_\_\_\_

Please explain your organization's mission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Description. Please explain how your request for a grant from Canton-Inwood Area Health Foundation will impact the health/wellness of individuals who live in your community (please add additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if this request is for a new service program or an enhancement to an existing program and how it will provide for unmet needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Budget/Timeline. Please provide a detailed budget and timeline for the project:

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If this request is for partial funding of a project, please describe how you will retain the remaining funding to fulfill the project:

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If you were to receive only partial funding of what you've requested would you be able to complete the project?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain why:

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If the project for which you are requesting funding will continue indefinitely, please explain how you intend to fund the project after the initial grant year:

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This application for the grant becomes complete and valid only when you have followed all the instructions below:

- \_\_\_ Return completed and signed grant application.
- \_\_\_ Provide three (3) letters of support of your request.
- \_\_\_ Provide evidence of nonprofit and tax-exempt status ( such as articles of incorporation, bylaws and IRS determination letter if applicable.
- \_\_\_ Applications must be postmarked by ***April 6, 2018***.

**\* Recipients will receive a post-project summary form to be submitted to Canton-Inwood Area Health Foundation within 30 days of completion of their project or no later than May 31, 2019.**  
**\*\* It is required that grant funds awarded be expended to complete the project by April 30, 2019.**  
**\*\*\* Unused or underutilized grants are expected to be returned to allow other worthy causes the opportunity to receive funding.**

Send by postmark deadline of ***April 6, 2018*** to:  
**Canton-Inwood Area Health Foundation**  
**Attn: Scholarships & Grants Committee**  
**P.O. Box 292**  
**Canton, SD 57013**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Any falsification of the required information and any missing information will disqualify from receiving grant funds.

If I receive a grant, I grant permission to Canton-Inwood Area Health Foundation to use my name and/or organization name and photo for promotional purposes including, but not limited to, release of information to media.

The undersigned hereby submits this application on behalf of the organization identified above, as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_