

Canton-Inwood Area Health Foundation

2026 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 2026 deadline is March 20, 2026.**

WHO CAN APPLY

Those eligible are nonprofits, schools, government, quasi-government agencies and churches, to name a few. Preference 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:

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

- 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 of notification.
- It is required that grant funds awarded be expended to complete the project by April 30, 2027.
- **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.



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

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

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:

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:

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).
- ____ Complete an updated w-9 for your organization.
- ____ Applications must be received by **March 20, 2026.**

Must be received by **March 20, 2026**
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.
- I will only use grant funds for the purposes submitted in this application.
- I will return unused or underutilized grants to allow other worthy causes the opportunity to receive funding.
- I will complete a post-project summary form that must be submitted to Canton-Inwood Area Health Foundation within 30 days of completion of the project or no later than May 31st, 2027.

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

Signed: _____

Print Name: _____

Title: _____

**** It is required that grant funds awarded be expended to complete the project by April 30, 2027.**