

Community Health Grant 2022

Ashland Community Hospital Foundation

Letter of Intent

Organization mission statement*

Character Limit: 500

Services provided by your organization*

Character Limit: 1500

Communities served by your organization*

Choices

Ashland
Phoenix
Talent

Year established*

Character Limit: 100

Number of paid employees (FTE)*

Character Limit: 20

Number of volunteers*

Character Limit: 250

Is your Organization a 501c3 as designated by the IRS?*

Please note, we only accept applications from organizations that are a 501c3 as designated by the IRS or have a fiscal sponsor.

Choices

Yes
No

If 'No' please indicate which organization is your fiscal sponsor

Character Limit: 250

Does the program/project serve one of our areas of special interest?*

We prioritize projects that create and/or expand access to services and programs promoting health and wellness in Ashland, Talent and Phoenix. Projects of special interest include those that will:

Choices

Bring services and programs to Ashland, Talent and Phoenix

Serve children, families, seniors, and/or historically excluded and underrepresented groups
Promote health equity by building relationships and partnerships with community members
Foster innovation and collaboration with non-profits, education institutions, or health providers
None of the above

Project / Program Name*

Character Limit: 100

Description of the project and how it aligns with the funding priority / priorities?*

Character Limit: 2200

Amount Requested*

Character Limit: 20

Board Roster*

Please provide a board roster, including board members' contact information and professional affiliation.

File Size Limit: 2 MB

501c3 Designation Letter*

Please provide a copy of your organization or your fiscal sponsor's 501c3 designation letter.

File Size Limit: 2 MB

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Ashland Community Hospital Foundation

Project Description

Project / Program Name*

Character Limit: 100

Does the program/project serve one of our areas of special interest?

Choices

Bring services and programs to Ashland, Talent and Phoenix

Serve children, families, seniors, and/or historically excluded and underrepresented groups

Promote health equity by building relationships and partnerships with community members

Foster innovation and collaboration with non-profits, education institutions, or health providers

None of the above

Description of the project and how it aligns with the funding priority / priorities?

Character Limit: 2200

Amount Requested

Character Limit: 20

Who will benefit from the completion of this project and how will it impact them?*

Character Limit: 500

How many will benefit from the completion of this project in a one-year period?*

Character Limit: 250

How will the project impact and enhance the health of the community?*

Character Limit: 1000

What is the projected timeline for completion of the project?*

Character Limit: 250

Will the project be revenue producing?*

Please explain

Character Limit: 500

What is the project's sustainability or is this a one-time investment?*

Character Limit: 500

How will the project be funded if we are unable to fully fund the request?*

Character Limit: 500

How is this project innovative?*

Character Limit: 1000

How does this project promote health equity?*

Character Limit: 1000

How will you measure your success?*

Character Limit: 1000

How will the project provide opportunities for partnerships in the community?*

Character Limit: 500

How will Ashland Community Hospital Foundation be recognized?*

Character Limit: 500

How many hours did it take you to complete this application?*

Character Limit: 10

Non-discrimination policy*

Our organization affirms that we maintain a nondiscrimination policy that does not discriminate based on race, ethnicity, color, sex, religion, age, national origin, ancestry, citizenship, sexual orientation, gender identity and/or expression, disability, marital status, genetic information, veteran status and other factors protected by law.

Choices

Yes

No

Attachments

Project budget*

Please upload a detailed project budget including proposed funding sources

File Size Limit: 2 MB

Most recent year-end financial statement*

File Size Limit: 2 MB

Current year organization budget*

File Size Limit: 2 MB

Photos or project plans

Please give a brief description of the photo or plans being provided.

Character Limit: 250 | File Size Limit: 5 MB

Letters of support

For groups with a fiscal sponsor, please include a copy of the memorandum of understanding or letter from the board chair of the fiscal sponsor in support of the project

File Size Limit: 2 MB