

Hudson Hospital & Clinic Foundation makes grants to local non-profit organizations who support our mission and compliment the services we offer. Our mission is:

To improve health and well-being of our patients, families, and community through partnership and philanthropy.

Grant Types Supported: (General Operating, Programming or Capital)

Requests for grants must be: (a) health or wellness related and (b) primarily serve persons in the following zip codes that constitutes the Hudson Hospital and Clinic geographic service area:
54002, 54015, 54016, 54017, 54022, 54023, 54003, 54011, 54013, 54021, 54025, 54028, 54082, 54767, 55001, 55043, 55082

The Foundation will consider granting requests for support in the following order of priority:

1. Programming
2. General operating expense
3. Capital projects by a qualifying organization (see below).

An organization is a “qualifying organization” if it is recognized by the Internal Revenue Service as a 501(c) (3) tax exempt organization.

The Foundation will give preference to grants that address the current Community Health Needs Assessment (CHNA) goals listed below. To learn more about the CHNA go to healthpartners.com/care/hospitals/hudson/about/community-health-needs/

- Access to care (appropriate, convenient, and affordable health care)
- Access to health (social determinants of health -housing, income, employment, education)
- Mental health and well-being
- Substance use
- Nutrition and physical activity

Who may apply for a grant. The Foundation will make grants only to a 501(c) (3) tax exempt organization. You must submit a copy of your IRS determination letter with your application. If you have applied for an IRS determination but have not yet received your letter, note that on the application. The Foundation will not make a grant to an organization until the organization provides its IRS determination letter.

Application deadlines: **March 15 and September 15.** The Foundation reviews applications twice a year. It will consider applications received by 5:00 p.m. on the deadline. If those dates fall on a Saturday, Sunday, or holiday, the deadline is the next business day.

How often you can apply. The Foundation will consider only one application from an organization each year.

Maximum amount awarded. The Foundation will award grants up to \$10,000. It will not grant more than \$15,000 to any single organization in any three-year period.

Complete application required. The Foundation will not consider an incomplete application. You must complete all questions or items on the grant request form. If an item does not apply to you, write N/A.

How to submit. An applicant may submit requests by regular mail, email, or in person. Grant applications delivered in person may be dropped off at the Hudson Hospital & Clinic reception desk located at the main entrance. **Please notify staff at desk to inter-office to Foundation office staff.** The Foundation will respond to your application within two months of the deadline.

Use of grant. A grant must be used for the purposes for which it was requested. **A grant recipient must submit a report to the Foundation about how the grant was used no later than one year after receiving the grant.**

Questions? Direct all questions to the foundation office at at (715) 531-6024 or HUDSONHOSPITALFOUNDATION@HUDSONHOSPITAL.ORG

Attachment Checklist:

<input checked="" type="checkbox"/>	#	ITEM
<input type="checkbox"/>	A	<ul style="list-style-type: none">• Most recently audited financial statements OR a copy of the organization's most recent Form 990 tax return. You may indicate your Form 990's online availability and how it may be accessed.• Recent year-to-date financials (Income statement and balance sheet)
<input type="checkbox"/>	B	A copy of your IRS 501(c)(3) tax determination letter and any updates regarding your status
<input type="checkbox"/>	C	List of key staff members and 1 paragraph bios
<input type="checkbox"/>	D	List of current board members and their affiliations
<input type="checkbox"/>	E	Completed grant application
<input type="checkbox"/>	F	Client testimonials (optional, but appreciated)
<input type="checkbox"/>	G	<ul style="list-style-type: none">• Organizational budget- Include revenue sources and expenses• Project budget- (if program support is requested)
<input type="checkbox"/>	H	List of additional funders for project (name and amount requested/received date)
<input type="checkbox"/>	I	W-9 from your organization

Submit proposal materials in either of 2 formats:

1. One paper copy of all materials **unbound/unstapled.** (including the audited financial documents **OR** the 990).
2. Email a copy of this completed grant application and its attachments (excluding the 990. Note if an electronic version is available.) to:

HUDSONHOSPITALFOUNDATION@HUDSONHOSPITAL.ORG

Type of Grant: (Please Choose One)

Health And Well Being Grant:

- Program Support
- General Operations
- Capital Project

Other Type of Grant:

- Program Support
- General Operations
- Capital Project

Granting Priorities: (Please check your CHNA priority category(ies) listed below.)

- Access to care (appropriate, convenient, and affordable health care)
- Access to health (social determinants of health -housing, income, employment, education)
- Mental Health and Well-being
- Nutrition and physical activity
- Substance use

Application

1	Organization's legal name:	
2	Organization's mailing address:	
3-4	Phone:	Email:
5-6	EIN #	Grant Contact:
7	Mission Statement:	
8	Total Cost of Project:	Amount Requested:

9	Purpose of Grant Request (2-3 sentence Executive Summary):
10	Evidence of Need (Demonstrate why this is important. Include the population served by this grant and where they primarily live.)
11	What are your goals? (What do you wish to accomplish/achieve?)
12	What are your objectives? (Give tangible and measurable statements on your strategy.)

13	What are your activities? (What will you do and how will you do it?)
14	What are your short-term and long-term projected outcomes? (What are your achievements for this project?)
15	What service(s) or need does your organization fulfill that is unique to the community/ies in which you serve?
16	Who are your partners for this project/service?
17	How will this program improve health and wellness? (Question for Health & Well-being Focus Grants ONLY)

18	Is there anything else you would like to share about your program/project?
19	How will you evaluate the success of this program?
20	If continued, how will this program/organization be sustained in the future?

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Signature of Executive Director/President

Date