



# ***Community Health Improvement Fund Event Sponsorship Program Application Guidelines***

## ***Purpose and Philosophy***

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In keeping with our mission “to improve the health of people in our region,” St. Luke’s has established a Community Health Improvement Fund (CHIF) to provide financial support to not-for-profit organizations or groups whose efforts support our mission. All applications to the CHIF are evaluated by St. Luke’s Community Contributions Committee.

## ***Funding Criteria***

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Funding will be considered for proposals for health-related events and sponsorships that meet the following criteria:

- Are project or program-based. (Event sponsorship applications can be found at [stlukesonline.org/giving](http://stlukesonline.org/giving).)
- Benefit a geographic area served by St. Luke’s Health System.
- Address one or more of the following community health priorities:
  - Youth, Family, and Women
  - Health, Wellness, and Fitness
  - Immunizations
  - Prevention: e.g. Heart Disease, Cancer, Child Abuse, Domestic Violence
  - Child Advocacy
- Are consistent with St. Luke’s mission, vision, and values.
- Demonstrate collaboration and coordination—not duplication—with other community organizations or St. Luke’s services and departments.
- Include an evaluation component based on measurable, predicted outcomes demonstrating program effectiveness.

## ***Limitations***

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Funding will not be approved for the following:

- Political activities of any kind
- Construction costs or capital campaigns
- Endowment programs
- Scholarships
- Requests from individuals
- Requests for support of projects/programs (see separate application for CHIF Annual Grant Program at [stlukesonline.org/giving](http://stlukesonline.org/giving)).

## ***Eligibility***

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Applicants must meet the following minimum requirements:

- Have current 501(c) 3 not-for-profit, tax-exempt status under IRS Code Section 170, or be a governmental agency/department or public educational institution.
- Operate under written articles of incorporation and by-laws or other written documents or statutes that define the applicant’s purposes, membership, management, and operation.
- Operate on a non-discriminatory basis in employment, recruitment of volunteers, and delivery of services.
- Demonstrate effective program performance and financial responsibility and accountability.

## ***Operating Guidelines***

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- Contributions shall be used solely for the requested purpose. Funded activities shall commence in a timely manner.

- All allocations from the CHIF must be approved by the St. Luke's Contributions Committee.
- Recipients shall give appropriate acknowledgment to St. Luke's in all promotional materials, activities, and programs funded by the CHIF.
- Recipients shall submit a project performance report indicating the actual use of the funds and the results of the project on an annual basis.

### ***Timeline***

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1. The Contributions Committee accepts requests for proposals (RFPs) beginning June 1 for the upcoming fiscal year, which begins October 1.
2. Proposals are accepted until September 30.
3. St. Luke's Board Finance Committee designates the amount of monies to be allocated to the CHIF by October 1. Ninety percent of the budget is allocated to proposals received from community organizations and for community health improvement projects. The remaining ten percent is retained for discretionary or unpredicted community health needs, programs or projects meeting the established grant criteria.
4. The Contributions Committee evaluates the applications and submits recommendations to St. Luke's Executive Team by November 1.
5. St. Luke's Executive Team makes final determinations and notifies the St. Luke's Contributions Committee. Applicants are notified in writing by November 30. (This date may be extended if further information is required.)
6. Funding normally commences no later than November 30.
7. Each funded organization is requested to submit a project performance report evaluating their results and outcomes by October 1 of the following year

### ***How to Apply***

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Save this completed application and support documents in Word and email them as attachments to [gronsdma@slhs.org](mailto:gronsdma@slhs.org). The subject field of the email should read "CHIF Application."

#### **Required Attachments:**

- Copy of applicant's IRS 501(c) 3 ruling letter (may be sent as a pdf).
- For grant requests of \$10,000 or more: Copies of financial audit or financial statements for three most recent fiscal years (may be sent as a pdf or Excel file).

Emailed applications are preferred; however, paper applications may be sent to the address below.

Applications must be received at St. Luke's no later than September 30. Late or incomplete applications will not be considered.

#### **Contact:**

Marcia Gronsdahl  
Community Relations Coordinator  
St. Luke's Health System  
190 E. Bannock Street  
Boise, Idaho 83712  
Email: [gronsdma@slhs.org](mailto:gronsdma@slhs.org)  
Phone: (208) 381-2398



# Community Health Improvement Fund Event Sponsorship Program Application Form

## Organization Information

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Purpose/Mission \_\_\_\_\_

## Primary Contact Information *(complete only if different than contact info above)*

Primary Contact for this Request \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Project Information

Date of this Request \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Date of Event \_\_\_\_\_

Complete the sentence: "If awarded, the funds will be used to ....." \_\_\_\_\_

Are you requesting sponsorship or support for an event (such as a dinner, tournament, run/walk event, etc.)?  Yes  No *If no, do not complete this application. You may apply for funding through a separate application at [stlukesonline.org/giving](http://stlukesonline.org/giving).*

Are you requesting the donation of an item(s) for an auction, raffle, or similar purpose?  Yes  No *If yes, do not complete this application. You may apply for this type of support through a separate application at [stlukesonline.org/giving](http://stlukesonline.org/giving).*

Type of Funding Requested:  Cash grant \_\_\_\_\_

Matching cash grant *(Please explain.)* \_\_\_\_\_

In-kind support *(If there are expenditures in your project budget where an in-kind donation of goods/services from St. Luke's would be helpful, check this box and note the expenditures in the budget.)* \_\_\_\_\_

**Project Budget**

Please feel free to use your own budget format, using the categories below as a basic guideline. If there are expenditures where an in-kind donation of goods/services from St. Luke's would be appropriate and helpful, please indicate this and provide as much detail as possible.

Personnel costs	\$
Administrative costs	\$
Operating costs	\$
Supplies/Materials	\$
Other (specify)	\$
Total Project Budget	\$
Other Sources of Funding	\$
Amount Requested from CHIF	\$

1. *St. Luke's mission is "to improve the health of people in our region," and is based on the following values: Integrity, Compassion, Accountability, Respect, and Excellence. Describe your event and address how it is consistent with St. Luke's mission and values.*
2. *Describe how the event demonstrates collaboration, and not duplication, with other community organizations and/or St. Luke's services and departments. List any collaborating organizations.*
3. *Address the event's consistency with identified community health needs and priorities (survey data, health statistics, etc.).*
4. *Is this the first year for the event? How many participants do you expect?*
5. *How much do you expect to raise from the event and how will the funds be used? Please list other participating sponsors.*
6. *Please list board members and note any affiliations you are aware of with St. Luke's (such as board, volunteer, staff, etc.).*
7. *Has your organization received charitable funding from St. Luke's in the past, either in the form of a grant, in-kind support, or event sponsorship? If so, list dates and amounts.*

*You may expand the table as needed to complete your information.*