



**Hutchinson Health
Foundation**

HealthPartners®

**Grant Request
Application**

Please deliver this application and any supporting materials to:
Hutchinson Health Foundation
Hospital Lower Level
Phone: (320) 484-4438
Fax: (320) 484-4642
www.hutchinsonhealthfoundation.org

Due the last Friday in February at 3 pm.

Application Date: _____

Service Area: _____

This application is for Hutchinson Health internal use.

Contact Person:

Contact Phone(s):

Contact Email:

Amount of Request: \$

Total Project/Program Cost: \$

Number of people affected by this project/program:

Project/Program Timeline:

Other Funding Sources:

How does your request fit the Foundation's Mission and Vision:

Mission: The Foundation engages donors to assist Hutchinson Health in advancing health with our community

Vision: Promoting Health Care Excellence Through Philanthropy

Describe the need for this project/program:

Expected project/program results and measurement of these results:

Please provide a Detailed Itemized Financial report for your request:

Foundation Use Only:

Received by:

Date:

Board Action Taken:

Amount Approved: \$

Check #



Hutchinson Health Foundation

HealthPartners®

2019 ANNUAL INTERNAL GRANT APPLICATION-PROCEDURE FOR REQUESTS

Mission: The Foundation engages donors to assist Hutchinson Health in advancing health with our community

Vision: Promoting Health Care Excellence through Philanthropy

The Grant Committee is authorized to award funds, on an annual basis, to organizations requesting money for health care education programs, equipment and related services which help fulfill the mission and vision of the Foundation.

POLICY: Internal (Hutchinson Health) request for funds from Hutchinson Health Foundation

It shall be the policy of Hutchinson Health (HH) to allow staff that are authorized by their division director to approach the Hutchinson Health Foundation (HHF) for funding of needed equipment and/or programs not included in the HH budget.

PROCEDURE:

1. An application form may be obtained from the Foundation office. Applications are accepted in January and February, application deadline is 3 pm the last Friday in February, of each year.
2. The “request for funds” form must be completed by the requesting staff member(s), signed by their service area manager and given to the division director for consideration of level of need and appropriateness of request. Division directors approving of the request should sign the request form and forward it to the Foundation Office prior to the application deadline of 3 pm on the last Friday in February.
3. The Foundation Grant Committee will process the forms and submit a recommendation to the Foundation Board at the regular April meeting. Notification of the Foundation Board’s decisions will take place by May 1st of each year.
4. All grant requests will receive notification if their grant was approved or denied.
5. The requesting staff member will work through a special order process that will be arranged with purchasing and the Foundation.
6. Any questions regarding this procedure should be forwarded to Rachael Gemuenden, Foundation Director at 484-4443.
7. The Foundation does not fund any individual’s health care bills for services, equipment or medication.