



**Hutchinson Health  
Foundation**

HealthPartners®

**Grant Request  
Application**

Please mail or fax this application and any supporting materials to:  
Hutchinson Health Foundation  
1095 Hwy. 15 S.  
Hutchinson, MN 55350  
Phone: (320) 484-4438  
Fax: (320) 484-4642  
www.hutchinsonhealthfoundation.org

**Due the last Friday in February at 3 pm.**

Application Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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 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.

1. Complete the application provided with these instructions, add any support material relevant to the request, and return it to the Foundation Office **prior 3pm on the last Friday in February.**

Grant request can be faxed to (320) 484-4642  
ATTN. Hutchinson Health Foundation Grant Request

Or mailed to: Hutchinson Health Foundation  
Grant Request  
1095 Hwy 15 South  
Hutchinson, MN 55350

2. Copies of the Grant Application and background information will be compiled and distributed to the Grants Committee for review and recommendation. The Grant Committee consists of three or more Foundation Board Members.
3. The Grant Committee will make its recommendations to the Foundation Board for formal action at the regular April Foundation board meeting.
4. Decisions of the board will be communicated by the Foundation staff. Applicants will be notified by the end of May, by written letter if their grant is fully or partially funded, or not funded.
5. Organizations applying must be a registered not-for-profit organization.
6. The Foundation does not fund any individual's health care bills for services, equipment or medication.