

A P P L I C A T I O N F O R F U N D I N G

*Franciscan Skemp Healthcare
Franciscan Skemp Auxiliary*

*Franciscan Skemp Foundation
Health Tradition Health Plan, Inc.*

As part of our commitment to be involved in the communities we serve, Franciscan Skemp Healthcare, along with the Franciscan Skemp Auxiliary, Franciscan Skemp Foundation, and Health Tradition Health Plan, Inc. provides financial support to local organizations who share our interest in healthy communities and a high quality of life. Providing complete information on this application form will assist Franciscan Skemp in determining support for your request. Please see page 4 of this form for additional information on application decisions.

Request Title: _____

Amount Requested: _____

Today's Date: _____

Organization Name: _____

Organization Address: _____

Organization Telephone: _____ Federal Employee ID Number: _____

Name & Title of Requestor: _____

Daytime Telephone Number: _____

This Request is for:

_____ Funding to Sponsor a Specific Activity or Event

_____ Funding to Support Ongoing Organization Activities or Operations

Date Reply Needed Regarding This Request: _____

Circumstances Affecting Date Reply Needed: _____

GENERAL OVERVIEW OF REQUEST:

Please tell us why you are requesting funds. What is the purpose or goal of the request?

AUDIENCE:

Who is the target audience for your event or organization?

How many people do you intend to reach/serve with your event/activity or service?

BENEFICIARY/IMPACT:

Who benefits from this event/activity or service and how do they benefit?

Please describe what impact you hope to make from this event/activity.

FRANCISCAN SKEMP INVOLVEMENT:

Please describe any previous or existing relationship(s) between your organization and Franciscan Skemp entities. Please include such information as physician/staff involvement with your organization, previous financial support or other relationships.

OTHER FUNDING SOURCES:

What other funding sources are you pursuing for this event/activity?

PROMOTION:

Please give us a brief outline of your promotional activities related to this request.

As a sponsor/contributor, what promotional or recognition opportunities are available to Franciscan Skemp entities?

ADDITIONAL COMMENTS:

Please add any additional information you feel would be helpful for us to consider your funding request.

Signature of person submitting form

Date

FUNDING GUIDELINES AND CRITERIA

Please keep in mind the following information when requesting funds from Franciscan Skemp. Requests for large amounts of support may require additional documentation or follow-up meetings.

- All organizations requesting funds must be in keeping with mission and values of Franciscan Skemp Healthcare (FSH). This includes all of the activities of the requesting organization.
- FSH provides funding for groups and organizations only. A federal or state tax-exempt ID number is required before funds can be made available.
- FSH will fund local chapters of state or national organizations. Funds will be provided to state or national organizations if there is some direct relationship to the FSH service area.
- FSH looks to assist local community groups that address the following:
 - ✓ Improve the health and wellness of the general population or those at risk
 - ✓ Enhance community safety
 - ✓ Perform community service or seek to improve “quality of life”
 - ✓ Promote education for any age and the fine arts
- FSH seeks requests from organizations looking to fulfill unmet healthcare needs in the region
- Events or activities sponsored by FSH should be open to the public.
- “First-year” events or activities with large sponsorship requests may require additional documentation or a personal presentation to FSH representatives.
- Funding considerations will also include:
 - ✓ How the request aligns with the programmatic and strategic initiatives of FSH
 - ✓ A comparison of the dollar amount of the request to the number of persons involved/reached.
 - ✓ Involvement of FSH staff in the activities or administration of the requesting organization.
 - ✓ How FSH will be publicly acknowledged by the recipient.
- Decisions on requests from organizations outside La Crosse will be made in consultation with leadership from the local Franciscan Skemp campus/clinic.

Please return completed form to:
Community Giving Committee
Franciscan Skemp Healthcare
700 West Avenue South
La Crosse, WI 54601

- **TIMEFRAME:** Requests are reviewed on a monthly basis. Please be advised that a decision on your request may take 60 to 90 days (or more) to complete, depending on the amount and complexity of the request.
- **QUESTIONS:** Please contact Franciscan Skemp at 608-791-9717 if you have questions about this form or our community giving program.

Office Use Only

Date Received: _____	Route To: _____
Review with CGC: _____	Decision/Reply: _____