



Grant Request Application

Please Mail or fax this application and any supporting materials to:
Hutchinson Health Care Foundation
1095 Hwy. 15 S.
Hutchinson, MN 55350
Phone: (320) 484-4438
Fax: (320) 234-5149
www.hahc-foundation.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: Engaging Donors to assist Hutchinson Health Care meet the health care needs of its patients, residents and clients.

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:

HHCf Action Taken:

Amount Approved: \$

Check #



2012 ANNUAL GRANT APPLICATION-PROCEDURE FOR REQUESTS

Mission: The Foundation engages donors to assist Hutchinson Area Health Care meet the health care needs of its patients, residents and clients.

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) 234-5149

Attn. Hutchinson Health Care Foundation Grant Request

Or mailed to: Hutchinson Health Care 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. The Foundation does not fund any individual's health care bills for services, equipment or medication.