Community Benefit & Contributions Funding Request Form

2016 meeting dates: February 1, April 4, June 6, August 1, October 3, December 5.

GUNDERSEN HEALTH SYSTEM®

Gundersen Health System defines community contributions as grants, gifts and sponsorships which are meant to support activities, programs and services linked to Gundersen Health System's mission. The mission statement reads:

We distinguish ourselves through excellence in patient care, education, research and improved health in the communities we serve.

As a leader in providing comprehensive health services, Gundersen Health System is committed to promoting health in the communities we serve.

As funds are limited, priority consideration will be given to requests that:

- Serve or support identified community health needs
- Promote health and wellness
- Enhance or encourage active and healthy lifestyles
- Provide civic and/or community development

Gundersen Health System will not provide funding for the following:

- Political activities
- Requests from individuals
- Medical expenses for individuals (contact Gundersen Medical Foundation, (608) 775-1978)
- For-profit entities

The Committee is comprised of representatives from Gundersen's Administration, Community and Preventive Care Services, Marketing, Gundersen Medical Foundation and Partners of Gundersen Health System.

Request must be received one week prior to a scheduled meeting in order to be considered (meeting dates: February 1, April 4, June 6, August 1, October 3, December 5).

Date: _____

Group/Organization _____

Contact Name _____ Phone _____ E-Mail _____

Address/City/State/Zip _____

Individual available to provide presentation to Committee, if requested:

Name _____ Phone _____ E-mail _____

Purpose of Organization: _____

_____

Service Area: _____

Purpose of Request/**DATE OF EVENT***:* _____

_____

What population will benefit from this program? _____

Approximate number of people this contribution will benefit: _____

How will this program/activity promote health and/or enhance the quality of life in the communities we serve?

_____

Does this request support any of the following identified community health needs? (please check)

	Academic readiness/success		Oral health
	Adverse childhood experiences		Poverty
	Chronic disease/contributing factors _____		Quality housing
	Environment		Violence
	Food availability		Workforce readiness
	Jobs with adequate income		Youth resilience
	Mental health and/or substance abuse		Other_____

Financial amount requested: $ _____
(attach copy of sponsorship options, if any)
What percent of total program/activity cost is this ? _____
(attach copy of budget if request is $1,000 or greater)
What amount of this request is tax deductible? _____

List additional organizations providing funding for this program/activity: _____

_____

In-kind requested item(s): _____

By what date is a decision on support needed? *(note committee meeting dates on first page)*_____

How will Gundersen Health System be recognized if support is provided?

_____

Will you be making additional requests of Gundersen Health System in this calendar year? Yes ___ No ___

If yes, for what purpose? _____

In the past two years, has your organization <u>requested</u> support from Gundersen Health System?

Yes ___ No___

In the past two years, has your organization received support from Gundersen Health System?

Yes ___ No___

If awarded; make check payable to: _____

Address/City/State/Zip: _____

_____

_____

Required information:

- Application complete and signed.
- If an event, include date, time, sponsorship options and agenda.
- Copy of budget attached if request is $1,000 or greater.
- Is organization classified by IRS as a 501(c)(3) organization YES ___ NO ___, if YES you must attach a copy of the IRS determination letter.
- Tax ID Number: _____ and a completed W-9 Form attached.

I hereby certify that the information contained in this grant application is accurate and complete (see required information).

Authorized signature: _____

This completed form should be sent to:

Attention: Director
Department of Community & Preventive Care Services (NCA1-04)
Gundersen Health System
1900 South Avenue
La Crosse, WI 54601