



P.O. Box 905 | Enumclaw, WA 98022 | (360) 802-3206
<http://www.enumclawregionalhealthcarefoundation.org/>

ERHF MINI-GRANT GUIDELINES & APPLICATION

Application Guidelines

The Foundation administers a mini-grant program for activities involving healthcare in the greater Foothills community. Mini-grants up to \$1000 are available to qualified organizations pursuant to our policies.

The Enumclaw Regional Healthcare Foundation supports innovative efforts and original projects that offer far-reaching gains and widespread results with explicit, identifiable needs. The Foundation might choose to fund the early stages of a project's development and/or attempt to leverage additional funds to start or complete a project. The Foundation seeks to respond to a wide variety of healthcare related needs in the community and encourages partnerships and other collaborations.

The Enumclaw Regional Healthcare Foundation distributes grants to organizations whose applications meet the priorities of the Foundation. Grant applications are accepted at any time, but awards will be made on a quarterly basis.

The Foundation requires that a final report on the results of the project be submitted to the Foundation within 60 days of project completion.

Who May Apply

Grants are restricted to organizations delivering services in targeted neighborhoods in the Foothills Community. Grants are limited to charitable organizations that are identified as tax-exempt under section 501 (c) (3) of the Internal Revenue Service code and that are not identified as a private foundation. Governmental entities and projects of certain other tax-exempt entities may also be eligible if the projects are charitable, as defined by the IRS. No request will be considered that is not accompanied by a photocopy of the organizations most recent determination letter from the IRS.

No grants will be made to institutions which in policy or practice discriminate on the basis of age, disability, race, creed, gender, or sexual orientation. In order to concentrate funds on the types of programs it has identified it is necessary to specify the kinds of projects it does not fund. These include but are not limited to: grants to individuals, support of sectarian religious activities, endowment or debt reduction, fellowships or out-of-area-travel, proprietary enterprises, and political lobbying or legislative activities. A church, or a religious organization, or an organization supported by churches may be eligible for a grant if the program to be funded is a non-religious program that provides only services for the good of the public at large.

Application Process

To apply, complete the following application and submit it to the Enumclaw Regional Healthcare Foundation by mail. Provide sufficient information to enable the Foundation Selection Committee to have a clear understanding of your project. Please include:

Project Narrative: Describe the project, how it benefits the foothill community, and the project goals. Specifically address the “ERHF” focus of your project – How does your project **enhance healthcare opportunities in the communities we serve**.

Budget: Provide a budget for your project, including materials, supplies, equipment and/or transportation costs and listing quantity, unit costs and taxes. Show the total budget for your project as well as the specific amount you are requesting from the Enumclaw Regional Healthcare Foundation.

Submitting an Application

Proposals, including application, project narrative and budget, must not exceed four pages. Limit one application per project. Applicants will be notified of a decision within 60 days of application deadlines. If approved, applicants should receive funds within 30 days.

After completing the application, please mail to:

Enumclaw Regional Healthcare Foundation

Attn: Grant Selection Committee

P.O. Box 905

Enumclaw, WA 98022

For more information call (360) 802-3206 or go to our website:

<http://www.enumclawregionalhealthcarefoundation.org>

APPLICATIONS MUST BE SENT IN A STANDARD #10 ENVELOPE. PLEASE DO NOT SEND OVERSIZE ENVELOPES, OR PRIORITY MAILERS, OR ANYTHING REQUIRING A SIGNATURE, TO THIS ADDRESS.



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ERHF GRANT APPLICATION

Date _____

Organization _____

Federal Tax ID# _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____ Fax _____

Name of Project _____

Contact Name _____

E-mail _____

Approximate date(s) and/or timeline of project _____

Total Cost of Project _____ Total ERHF Mini-Grant Amount Requested _____

Attach up to two pages for project narrative and one page for budget.

- **Project Summary** including a short description of the applicant agency, the nature and purpose of the proposed project or program and the amount of funding requested.
- **Description of the need**, and justification for the proposed program or project. Include information on applicant agency and the population served.
- **Project description**, including a clear statement of goals and objectives, an implementation plan including timeline, expected outcomes and a description of how the proposal meets the Enumclaw Regional Healthcare Foundation's funding criteria.
- **Related experience**. Please include the project-related experience of current staff and the number of clients of the targeted population already being served.
- **Relevance** Please describe how the proposed program or project relates to Enumclaw Regional Healthcare Foundation's values and priorities.
- **Evaluation** Include a description of how the program will be evaluated and how it will be supported in the future.
- **Budget** including income and expenses, and a brief budget narrative explaining how money from the Foundation will be used.
- **Additional information as requested.**