



# Wheaton Franciscan Healthcare All Saints Foundation

## EXTERNAL ORGANIZATION REQUEST

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### **WFH – ALL SAINTS HEALTH CARE FOUNDATION MISSION**

To actively build and sustain philanthropic support for the advancement of healthcare in the community.

### **WFH – ALL SAINTS HEALTH CARE FOUNDATION VISION**

WFH – All Saints Foundation will be the focus in uniting resources to benefit the health and well being of communities we serve.

### **GUIDELINES**

Programs seeking support should be designed to strengthen health care in our communities and must be in line with the mission and vision of WFH – All Saints Foundation, WFH – All Saints Healthcare and Wheaton Franciscan Healthcare. WFH – All Saints Foundation will provide matching funds toward health care projects that improve the health and wellness of residents. Example programs include, but are not limited to, equipment purchases, continuing educational programs, and training. The intent is not to fund annual programs, but to help purchase equipment, update programs, or to start new programs.

For full funding consideration, each application should adhere to the following guidelines:

1. All questions must be answered. Please type.
2. If gifted funds are used for programs other than the program applied for, or there are remaining funds, we request the funds to be returned.
3. Organization must be a 501(C)(3).
4. Requests for the following will not be considered.
  - a. Multiple year requests.
  - b. Administrative salaries or other personnel related expenses.
  - c. Individuals.
  - d. Athletic sponsorships, lobbying efforts or political action committees.
5. WFH – All Saints Foundation encourages collaboration and partnering, whenever possible, with other agencies in the community. WFH – All Saints Foundation will not financially support programs or services that overlap or are duplicated by other organizations in the community.
6. Funds must be used within the WFH – All Saints Healthcare service area. The beneficiaries of this support should include but are not limited to schools, emergency care providers, not-for-profit health clinics, and health care providers serving children through older adults.
7. WFH – All Saints Foundation will not fund more than 50% of the program or equipment cost.
8. Each organization receiving funding must submit a written update, including receipt of purchases, on the progress of the project within 6 months of the current funding year. Organizations failing to provide this update will not be considered for funding in future years.

### **SEND GRANT REQUESTS TO:**

WFH –All Saints Foundation  
3805 – B Spring Street  
Suite 220  
Racine, Wisconsin 53405



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### Section 1: Organization Information

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Name of Organization	Contact Person	Application Date
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Address	City	State	Zip Code
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Telephone	E-mail Address
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Name of Program	Amount Requested
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Type of service provided: (Describe)

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Is it a 501c3, not-for-profit organization? \_\_\_\_\_

If no, what type of organization is it? \_\_\_\_\_

Has your organization received funding from WFH – All Saints Foundation in the past? \_\_\_\_\_

If yes, please list the year(s), amount(s), and programs(s) funded. \_\_\_\_\_

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Was a program report submitted?  Yes  No  Not Applicable

Briefly describe your organization's mission: \_\_\_\_\_

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**Section 3: Program Budget**

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Name of Program	Amount Requested
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Amount of philanthropy required for the project. \_\_\_\_\_

Amount you have raised to date. \_\_\_\_\_

List and identify the sources and amounts of income, potential income, and in-kind contributions for this project.

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How will WFH – All Saints Foundation funds be used for your program? Be very specific. \_\_\_\_\_

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If amount granted is less than the amount requested, how will this program be completed? \_\_\_\_\_

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Attach program budget.

**Section 4: Communication**

How will you communicate this program to your target population? \_\_\_\_\_

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How will you communicate the program's results with the community? \_\_\_\_\_

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How will you communicate the support of WFH – All Saints Foundation to the community? \_\_\_\_\_

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**Section 5: Grant Application Checklist**

- Completed grant application
- Program budget
- Organization's 501(c)(3) letter from the IRS
- Current organizational operating budget
- Current organization balance sheet and income statement
- Current list of Board of Directors
- Please provide one (1) original and twelve (12) copies

**Section 6: Grant Application Agreement**

The undersigned hereby certifies that the information included with this application is correct to the best of my knowledge. The IRS 501(c)(3) has not been revoked, canceled or modified. Funds will be used for the project outlined in the application as agreed by both parties.

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Signature of Authorized Official

Date