

# Mini-grants

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St. Charles Foundation receives gifts from the community, and all gifts are used to further St. Charles' vision of creating America's healthiest community, together. The Foundation Board of Directors sets aside money each year to fund caregiver- or physician-initiated projects of \$5,000 or less.

Priority is given to:

- Clinical Innovation: seed money to foster and enhance new programs and unique services
- Quality of Life: projects or programs that enhance the quality of life of our residents, patients, visitors and staff
- Access to Care: creative projects that increase the availability of medical services or reduce cost of care

## Review Process

The following criteria will be considered when determining grant awards:

- Need: Does the project address an important health care need in the community?
- Feasibility/Impact: Can the project be accomplished? Will the grant result in positive changes that are lasting?
- Organization/Administration: Does administration support this plan?
- Resources: Is the budget adequate for accomplishing the goal? Can the project be maintained in the future?

## Application Requirements

- Obtain manager approval
- Attach a project budget or sales quote

## Funding Process

- The department must first cover the costs of the project then the Foundation will reimburse the department once the Foundation receives proper backup (receipts, invoices, etc.).
- Submit reimbursement documentation within one year. **No funds will be granted after 12 months from date of grant.**
- Equipment purchased with a Mini-Grant must include a St. Charles Foundation sticker (available from the Foundation). Program materials, posters, flyers, etc. must include the Foundation logo.
- Award winners may be asked to submit pictures, metrics and/or anecdotal information.



## MINI-GRANT APPLICATION FORM 2019

Deadline: 3/31/19

**Instructions:** Use Microsoft Word to complete this form and email as an attachment to [giving@stcharlesfoundation.org](mailto:giving@stcharlesfoundation.org), subject "Mini Grant." ☒ To check a box below, double click and select "Default Value" - "Checked."

<b>Date:</b>	<b>Ext. or cell:</b>	<b>Email:</b>
<b>Applicant's first/last name:</b>		
<b>Applicant's title:</b>		
<b>Department:</b>		
<b>Authorizations:</b>		
1. Did your Manager approve this project? <input type="checkbox"/> No. <input type="checkbox"/> Yes, my manager approved this application. Manger's name:		
2. Does this request involve another department? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Manager's name:		
3. Does this request involve electronics, software, apps and/or computers? <input type="checkbox"/> No. <input type="checkbox"/> Yes.		
<b>Project name:</b>		
<b>Project location(s):</b> <input type="checkbox"/> SC-Bend <input type="checkbox"/> SC-Redmond <input type="checkbox"/> SC-Prineville <input type="checkbox"/> SC-Madras <input type="checkbox"/> Clinic location: <input type="checkbox"/> All hospitals <input type="checkbox"/> All clinics <input type="checkbox"/> Central Oregon <input type="checkbox"/> Other:		
<b>Amount requested: \$</b> Please research the actual expenses of your proposed project and attach a budget and/or sales quote (REQUIRED).		
<b>Briefly answer the following questions:</b>		
1. What is the purpose of this project?		
2. Who will the project benefit?		
3. What are your expected outcomes?		
<b>Sustainability:</b> How would your project continue after grant funds are depleted? <input type="checkbox"/> The project is a one time expense. <input type="checkbox"/> Project costs will be included in the department budget. <input type="checkbox"/> Other. Explanation:		
<b>(Optional)</b> Comments you feel are important for the selection committee to consider:		
<b>(Optional)</b> Attachments are included with this application (2-page max. beyond application form.) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Questions? Please contact Kelly Michel at 541-706-6757 or [klmichel@stcharleshealthcare.org](mailto:klmichel@stcharleshealthcare.org).