

SJCHF 2021-2022 Application

St. Joseph's Community Health Foundation

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St. Joseph's Community Health Foundation

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GRANT APPLICATION

The mission of St. Joseph's Community Health Foundation is to promote and support projects and services that contribute to the mental, physical, and spiritual well-being of residents in **Northcentral North Dakota**. The counties included are Bottineau, Burke, McHenry, McLean, Mountrail, Pierce, Renville, Rolette, Sheridan, Ward, and Wells.

IRS Photocopy*

Please upload a photocopy of the Internal Revenue Service determination letter, form 1050(DO/CG) stating the applicant organization to be a non-profit, tax exempt organization under IRS Code 501(c)(3) or a letter stating the organization is governmental (federal, state, county or town).

Not acceptable are the following: the Secretary of State's certificate as a non-profit corporation, the employer's tax identification number, the organization's tax-exempt number or the application to the IRS for 501(c)(3) status.

File Size Limit: 5 MB

Endorsement Letter*

Please upload a statement or letter indicating that the grant request is endorsed by the governing board. This could be an excerpt from the minutes of an official meeting or a letter from a senior officer of the organization quoting the action taken.

File Size Limit: 2 MB

Governing Board Members List*

Please upload a list of the applicant's governing board members, their titles, addresses, and phone numbers.

File Size Limit: 2 MB

Current Fiscal Year*

Please upload a current fiscal year or calendar year organizational budget. This is the overall budget for the organization and should not be confused with the project budget.

File Size Limit: 5 MB

Complete Project Budget*

Please upload a complete budget for the project including an indication of the time period in which funds are to be spent. If the grant request is for a specific program or item within a total project budget, this should be indicated on the application, but the total project budget is still needed in support of the request for funds.

File Size Limit: 5 MB

Current Balance Sheet-Statement of Financial Position*

Please upload the organization's current balance sheet-statement of financial position.

File Size Limit: 5 MB

Current Income and Expense Statement-Statement of Financial Activity*

Please upload your current income and expense statement, also known as a statement of financial activity.

File Size Limit: 1 MB

Project Title*

Character Limit: 100

Project Description*

Description and goals of project.

Character Limit: 5000

Beneficiaries*

Who will benefit from this grant? (list communities, groups, and/or individuals.)

Character Limit: 1000

Mission*

What is the mission of the applicant organization?

Character Limit: 5000

Amount Requested*

Character Limit: 20

Percentage of Budget*

What percentage of the total project budget does the amount requested represent?

Character Limit: 100

Mission Relation*

How does this project meet the mission of St. Joseph's Community Health Foundation?

Character Limit: 5000

Grant Acceptance*

Grant application deadline is August 16th, 2021. Should we be approved for a grant, I understand that funds will be distributed by February 2022.

Choices

Yes

No

Grant Check*

Please enter the agency name as it should appear on the check in the event of a grant award.

Character Limit: 500