The Health Care Foundation
2026 Grant Application Instructions
<mark>Please read instructions carefully</mark>

Mission

It is the mission of The Health Care Foundation to promote the physical and mental health and health care of the people living within the service area of the Longview, Washington acute care hospital. This shall be accomplished by distribution of its income to worthy recipients engaged in activities that are consistent with this mission.

Background and Purpose:

The Health Care Foundation awards grant funds to non-profit agencies serving communities in Cowlitz and Wahkiakum counties to support programs that promote physical and mental well-being. Each grant cycle is competitive. If your request is for a program's operating expenses, your application must show how the organization will continue funding after the grant funds are expended. Preference is given to one-time requests and to support equipment purchases.

The Board of the Health Care Foundation ranks proposals highly when they describe approaches that are scientifically valid, seek measurable results, and show evidence of good design and planning. All projects should also identify and address barriers to sustainability and the best projects begin with a key problem that can be analyzed and the outcome measured.

All approved grant programs must be implemented by December 31, 2026.   If your organization needs additional time to complete the program, please notify The Health Care Foundation to discuss arrangements to extend the funds into the next year.   Failure to do so may result in reconsideration or revoking of the award.

Challenge Donation Program: As a non-profit organization The Health Care Foundation is required to raise funds.   We do not compete with local organizations for charitable contributions, so grant applicants are encouraged to participate in the Challenge Donation Program.   Recipient organizations agree to raise donation funds for their proposed project, which are matched, dollar-for-dollar, by The Health Care Foundation up the challenge grant amount.   If you are interested in this program, please contact us at **(360) 423-3591** or e-mail **thehealthcarefoundation@gmail.com** for more information.

Eligibility:
- The Health Care Foundation considers grant applications only from non-profit agencies and public charities as defined under the Internal Revenue Code and applicable regulations.
- Grants for religious purposes and activities are prohibited.
- An applicant must have obtained a 501(c) determination letter prior to submitting an application. First time grant applicants must include a copy with this application.
- <mark>If a Health Care Foundation grant was previously awarded, all required reports must have been submitted prior to any additional application for funding being considered.</mark>

All proposals are evaluated using these criteria:
- **Relevance significance**: Proposals should seek approaches that address a demonstrated need on the part of the local community. Please refrain from focusing on State and National trends/studies and keep the data specific to our local communities. The proposed program should avoid replicating existing sustainable services.

- **Clear objectives and an understanding of related work.** The proposal should describe the project goals, previous efforts to address similar problems, and explain how this project will build on that work.
- **Sound methods and measurable results:** Proposals should describe what will be done to achieve the project goals. Project must include clear, measurable results that can be reported on if funded.
- **Credible leadership**. The applicant must have the technical skills and professional experience needed to manage the project, communicate effectively with the target population and identify key collaborating stakeholders. The agency must have the capacity to provide project support.
- **Appropriate partnerships**. Cooperating agencies should have the necessary skill and interest in the project to be willing and effective stakeholders.

All application packets must contain the completed application, all the required appendices and not more than three (3) additional pages, including any cover letter.

Please submit:
1. Completed grant packet (original and 15 copies – 16 in total) which includes:
    - Signed and dated Grant Authorization page, (original and 15 copies - 16 in total)
    - 2026 Grant Application (original and 15 copies - 16 in total)
    - Grant Narrative (original and 15 copies - 16 in total)
    - Do not include or send any copies of the grant instructions

2. **Completed Grant Report** – If you received a 2025 or earlier grant please include the previous grant report with the grant packet, even if it was previously submitted, (original and 15 copies - 16 in total)

- All the required appendices in the quantities identified.   See below
- All documents must be **collated,** punched for a three-ring binder and paper clipped (*if they are received otherwise, they will be returned to applicant*).
- **No Staples**.

The complete application and required copies must be postmarked no later than January 31, 2026 to be considered. You will be notified of the results of your application by April 1, 2026.

Signed and Completed applications should be mailed to:

The Health Care Foundation
P.O. Box 308
Longview, WA   98632

List of Required Appendices (3-hole <u>punch</u> everything): Please do not put the application in individual binders.

<u>Appendix A</u>:   A <u>program</u> budget, include <mark>original and 15 copies (for a total of 16).</mark> Use your agency forms.

<u>Appendix B</u>: The <u>current agency</u> annual operating budget with detailed revenue and expense information include <mark>an original and 15 copies (for a total of 16).</mark> Use your agency forms.

<u>Appendix C</u>: A final report from previous grant award (if applicable) include an <mark>original and 15 copies</mark> (for a total of 16)

<u>Appendix D</u>: Current Board of Directors, listing occupations, include <mark>original and 15 copies</mark> (for a total of 16)

<u>Appendix E</u>. <mark>One copy only</mark> of your current audited financial report.

<u>Appendix F</u>: <mark>One copy only</mark> of your fundraising brochure letter.

<u>Appendix G</u>: <mark>One copy only</mark> of most recent 990 Tax Filing, include with original application.

<u>Appendix H</u>: <mark>One copy only</mark> of your current IRS exemption letter is required before your grant can be approved.

Writing a strong application
- Before starting to write, read the entire application and make sure you understand the guidelines about eligibility, the use of funds, the application components, and the overall purpose of the grant program.

- Develop clear goals and state them plainly. Make sure you communicate how your goals, timelines, and program make sense. Address and rethink obvious problems before writing anything at all.

- Work for measurable results. Be able to describe how you know that you've reached your goals and objectives.

- Check your printed proposal before sending it in. Make sure all the signatures and dates are on the printed proposal and that your attachments are included.

If you have questions concerning your application or the grant process please contact The Health Care Foundation at (360) 423-3591 or thehealthcarefoundation@gmail.com**.**

The Health Care Foundation 2026 Grant Application:

For consideration please review the instruction page and return the signed original grant application packet and 15 copies of the grant packet (for a total of 16), including required attachments no later than January 31, 2026 to:

The Health Care Foundation ⬥ P.O. Box 308 ⬥ Longview, WA   98632   (360) 423-3591

Grant Authorization

Agency Name:_____

I certify that the information contained within The Health Care Foundation grant application is true and complete.

I certify that the Board of Directors has approved submission of the grant request.

I certify that our organization does not discriminate in leadership, staffing or service on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

<u>Agency Board Chair/President</u>

Name: _____

Signature: _____

Date: _____

<u>Agency Director</u>

Name: _____

Signature: _____

Date: _____

Grant Application

1. **Agency Information**

Agency Name	
Address	
Agency Director	
Contact Person/Title	
Contact Phone	
Contact Email	
Date of Incorporation	
Non-Profit Status	
Agency Fiscal Year (dates)	
Agency Mission Statement	

2. **Project Information**

Total Agency Budget	
Proposed Project Name	
Proposed Project Budget	
Health Care Foundation Request Amount with no match (outright grant)	
Grant match amount (if applicable)	
Total grant request: includes both outright and match amount	
Project Start Date	
Project End Date	

3. **List the funding requests have you made for this __project__ to other organizations.**

Funder:	Amount:	Outcome/Status:

4. Has your organization been the victim of any theft within the last 48 months that exceeded $300.00? If yes, give the approximate amount, circumstances, action taken by organization and status of recovery.   Yes__   No __

5. List any/all grants received from The Health Care Foundation over the past 5 years.

Grant year	Grant Amount	Project Funded	Final Report Submitted? Y/N
2025			
2024			
2023			
2022			
2021			

6. Are any Health Care Foundation Board Members involved in your organization? If so, please list names and role/responsibility.

7. Total agency revenue/support for most recent fiscal year (by percentage):

Funding Source	Amount (%)
Government	
Private grants	
Fundraising	
Investments	
Other (identify)	

8. Please provide 1 (one) copy of your most recent 990 and annual financial reports.

Grant Narrative

*The Grant Narrative should describe the project you are proposing and to provide concrete local data for the stated need. **Do not** use this section to provide general education about the health issue or to cite National/State trends. The Grant Narrative should not to exceed three pages.*

1. Describe the identified health problem (need) your program will address and describe the target population your project will focus on. Narrative must include the **local significance** of the issues and use current local data to support your proposal.

2. Describe how this program will enhance the services your agency currently provides in our community.

3. Identify the project goals and outcomes, using specifics.

4. Clearly describe how funding from The Health Care Foundation will be used to address the health problem identified in the proposed project. Identify and describe the grant project goals.

5. Clearly and specifically describe:
   a) What data/information will be tracked and measured for this project.
   b) What specifically will be done in this project and for how many people?
   c) Describe how you will measure the impact of the project in a quantifiable way.
   d) How will you report this information to the Health Care Foundation at the 6-month project mark (if required) and as a required final report?

6. What collaborations will you use to implement this project successfully? List agency, their role and the resources the7 bring to the project.

7. What will happen with this project/program at the end of the project year?

The Health Care Foundation - Grant Report

Grant year (year awarded) _____

1. Agency name, project name and phone number.

2. Name of person completing report.

3. Award Amount.

4. Describe:
   - the local health problem your program identified and,

   - the target population your project is focused on.

5. Describe specifically how this program improved the services your agency provides in our community.

6. Describe how funding from the Health Care Foundation was used to address the health problem identified in the proposed project (see question 4 above).

7. List the outcomes and goals that were stated in your funding application.

8. Report the <u>statistical</u> data/information collected during the program period that specifically pertain to each of the stated goals and outcomes in question #6 (above).

9. Please share a success story that was a result of your project?

10. What collaborations did you use to implement this project successfully?

11. What will happen with this project/program now that the grant is complete?