



# ***Community Health Improvement Fund Event Sponsorship Program Application Guidelines***

## ***Purpose and Philosophy***

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In keeping with its mission, “to improve the health of people in our region,” St. Luke’s Health System is committed to improving the health of the communities it serves. As one way to achieve that goal and also provide effective stewardship and accountability for community resources, St. Luke’s has established a Community Health Improvement (CHI) Fund to support, fund and implement community health improvement activities which are external in scope and not directly linked to core hospital services. The fund was established to provide financial support to organizations or groups that are working to improve the health of people in this region. The purpose of Community Health Improvement policy and leadership is:

***“To provide direction and accountability for Community Health Improvement at St. Luke’s that balances the needs of our communities with changing organizational and financial demands.”***

The Community Contributions Committee, appointed by St. Luke’s Executive Team, functions as the oversight body for the Community Health Improvement Fund, the steward for focusing resources, and translating identified Community Health Improvement needs into St. Luke’s objectives and actions.

## ***Funding Criteria***

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Funding will be considered for proposals for health-related events and sponsorships that meet all of the following criteria:

- Benefit a geographic area served by St. Luke’s. Priority shall be given to Ada, Canyon, Blaine, and Twin Falls counties.
- Address one or more of the following community health priorities:
  - Youth, Family & Women
  - Health, Wellness & Fitness
  - Immunizations
  - Prevention: Heart Disease & Cancer
  - Domestic Violence & Child Advocacy

*Note: Sponsorship requests may address health maintenance, health education, improved access to healthcare services, prevention, wellness, health information systems or distribution and other health-related services or activities.*

- Are consistent with St. Luke’s Health System mission, vision and values.
- Demonstrate collaboration and coordination—not duplication—with other community organizations or St. Luke’s services and departments.

## ***Limitations***

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It is the Contribution Committee’s policy not to approve funding for the following:

- Political activities of any kind
- Construction costs or capital campaigns
- Endowment programs
- Scholarships
- Requests from individuals
- Requests for support of projects/programs should be directed to *CHI Fund Annual Grant Program*, a separate application available at [www.stlukesonline.org/giving](http://www.stlukesonline.org/giving)

## ***Eligibility***

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Applicants must meet the following minimum requirements:

- Have current 501(c)3 not-for-profit, tax-exempt status under IRS Code Section 170, or be a governmental agency/department or public educational institution
- Operate under written articles of incorporation and by-laws or other written documents or statutes that define the applicant's purposes, membership, management and operation.
- Operate on a non-discriminatory basis in employment, recruitment of volunteers and delivery of services.
- Demonstrate effective program performance and financial responsibility and accountability.

## ***Operating Guidelines***

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- Contributions shall be used solely for the requested purpose. Funded activities shall commence in a timely manner.
- All allocations from the CHI Fund must be approved by the St. Luke's Contributions Committee.
- Recipients shall give appropriate acknowledgment to St. Luke's in all promotional materials, activities and programs funded by the CHI Fund.

## ***Timeline***

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1. Proposals for event/sponsorship support are accepted on an annual basis.
2. The Contributions Committee reviews and evaluates the applications based upon established criteria. Recommendations are submitted to St. Luke's Executive Team periodically.
3. The St. Luke's Executive Team makes the final determinations and applicants usually receive written notification of their decision.

## ***How to Apply***

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1. Review these application guidelines at [www.stlukesonline.org/giving](http://www.stlukesonline.org/giving).
2. Download the application form at [www.stlukesonline.org/giving](http://www.stlukesonline.org/giving).
3. Complete the application and gather the required attachments.
4. Email the completed application and attachments to [toalb@slrmc.org](mailto:toalb@slrmc.org) as WORD attachments. In the subject field of the email header, type "CHI-Fund Event Sponsorship Application (Note: emailed applications are preferred, however, in the event of technical difficulties, paper applications may be sent to the address listed below.)"
5. **Applications are accepted year-round at the St. Luke's Marketing Office. Incomplete applications will not be considered.**

### Contact Information

Beth Toal, Public Relations Manager  
Community Health Improvement Fund  
St. Luke's Regional Medical Center  
305 W. Fort St., Boise, ID 83702  
Email: [toalb@slrmc.org](mailto:toalb@slrmc.org) Phone: (208) 381-2002



# Community Health Improvement Fund Event Sponsorship Program Application Form

## Organization Information

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Purpose/Mission \_\_\_\_\_

## Primary Contact Information *(complete only if different than contact info above)*

Primary Contact for this Request \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Project Information

Date of this Request \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Complete the sentence: "If awarded, the funds will be used to ....." \_\_\_\_\_

Are you requesting sponsorship or support for an event (such as a dinner, tournament, run/walk event, etc. ?  Yes  No

*If no, do not complete this application. You may apply for funding through a separate application which can be accessed at [www.slrnc.org/giving](http://www.slrnc.org/giving)*

Are you requesting the donation of an item(s) for an auction, raffle, or similar purpose?  Yes  No

*If yes, do not complete this application. You may apply for this type of support through a separate application which can be accessed at [www.slrnc.org/giving](http://www.slrnc.org/giving)*

Type of Funding Requested:  Cash grant

Matching cash grant *(please explain)*

In-kind support *(If there are expenditures in your project budget where an in-kind donation of goods/services from St. Luke's would be helpful, check this box and note them in the budget)*

<b>Project Budget:</b>	
<i>Please feel free to use your own budget format, using the categories below as a basic guideline. (If there are expenditures where an in-kind donation of goods/services from St. Luke's would be appropriate and helpful, please indicate this and provide as much detail as possible.</i>	
Personnel costs	\$
Administrative costs	\$
Operating costs	\$
Supplies/Materials	\$
Other (specify)	\$
Total Project Budget	\$
Other Sources of Funding	\$
Amount Requested from CHI Fund	\$

1. *St. Luke's mission is "to improve the health of people in our region," and is based on the following values: Trust and Respect, Integrity, Partnership and Service, Safety, Efficiency and Financial Responsibility, Teamwork, and Compassion. Describe your event and address how it is consistent with St. Luke's mission and values.*
  
2. *Describe how the event demonstrates collaboration, and not duplication, with other community organizations and/or St. Luke's services and departments. List any collaborating organizations.*
  
3. *Address the event's consistency with identified community health needs and priorities (survey data, health statistics, etc.).*
  
4. *Is this the first year for the event? How many participants do you expect?*
  
5. *How much do you expect to raise from the event and how will the funds be used? Please list other participating sponsors.*
  
6. *Please list Board members (note any affiliations you are aware of with St. Luke's (such as Board, volunteer, staff, etc.))*
  
7. *Has your organization received charitable funding from St. Luke's in the past, either in the form of a grant, in-kind support, or event sponsorship? If so, list dates and amounts.*

*You may expand the table as needed to complete your information.*

**TO SUBMIT:**

Email this completed application and attachments to [toalb@slrnc.org](mailto:toalb@slrnc.org) as WORD attachments. In the subject field of the email header, type "CHI-Fund Event Sponsorship Application (Note: emailed applications are preferred, however, in the event of technical difficulties, paper applications may be sent to the address listed in the application guidelines).

- Required Attachments:
  - Copy of applicant's IRS 501(c)3 ruling letter establishing that the applicant is exempt from Federal income taxes (may be sent as a pdf file)
  - Copy of most recent Financial audit or financial statements for most recent three fiscal years.(for grant requests of \$10,000 or more) (may be sent as a pdf or Excel file)

**Applications are accepted year-round, but are generally reviewed on a quarterly basis.  
Incomplete applications will not be considered.**