

**Auxiliary Mission Statement:**

The purpose of this organization is to render service to St. Luke's McCall Medical Center, its patients and community, and to assist St. Luke's McCall Medical Center in promoting the health and welfare of the community in accordance with objectives established by the governing board of the hospital.

2026 Grant application will be accepted from:

Applicant must be a non-profit organization for health-related programs.

Eligibility:

Your organization must be a 501(c)(3) non-profit in order to apply. **Proof will be required.**
(please see the Note below specifying what we do not fund)

How to apply:

1. To apply for funding for a project which meets the criteria outlined in this packet, please submit the following application. **See submission instructions below.**
2. Please provide the Auxiliary Grant Committee with enough information to determine if your proposal is within St. Luke's McCall's Auxiliary's Mission Statement and guidelines (see above).
3. Clearly describe your proposal, including a detailed budget for your program.
4. Please limit proposals to not less than \$500 or more than \$25,000.

Note: The Grant program does not fund:

- Salaries
- Instructor/guest speaker fees
- Non-medical specific equipment (sports or athletic)
- Recreation-focused programs
- Tuition, scholarships, participation fees
- General office operating expenses/supplies
- Rental fees
- Surveys
- Marketing/advertising
- Construction materials/supplies
- Training/travel expenses

(The Grant Committee reserves the right to make decisions on a case-by-case basis.)

PLEASE CAREFULLY READ THE FOLLOWING SUBMISSION INSTRUCTIONS**APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY**

Deadline: 5:00 p.m. Friday, September 26, 2025

Applications received after this date and time will NOT be considered.

**Email to
Kirsten Azoulay**

azoulayk@slhs.org

Questions: contact Holly Thrash at 208-634-6996

REVIEW PROCESS:

- Grant applications must be submitted **electronically** by 5 p.m., Friday, September 25, 2025.
- Grant recipients will be determined in November 2025, at which time applicants will be notified, with funds awarded in January 2026.
- St. Luke's McCall Auxiliary Grant Committee has the right to recommend acceptance or rejection of grant proposals, and/or to require further information regarding the proposal. Their funding recommendations will be forwarded to the Auxiliary Board of Directors for review. Approval of all grant proposals will be finalized with a vote of the Auxiliary membership.

EXPENDITURE and REPORTING PROCESS:

- Expenditures of grant funds that vary from the original grant proposal must be presented to the Grant Committee for approval. **Use of excess funds from cost savings must also have Grant Committee approval prior to expenditure.**
- An INTERIM Report must be submitted by May 31, 2026, and a FINAL Report by October 1, 2026. The Final Report will include a budget page showing how the money has been spent, and how any remaining money will be spent by December 31.
- If all funds are not expended by December 31, 2026, a verification of the need for an extension of time is required or the unspent funds will be returned to the St. Luke's McCall Auxiliary.
- **The FINAL Report must include the following:**
 1. A narrative describing the project outcomes as outlined in the original proposal, including numbers of people served, for what, and \$\$ totals. (i.e. 3-counseling \$450; 2-gas cards \$90; 6-prescriptions \$235, etc.).
 2. A grant budget page. Include copies of invoices of purchases (see enclosed budget sheet).
 3. Use of excess funds from cost savings. (Grant Committee approval needed prior to expenditure.)
- A representative of your organization may be invited to discuss your application with the Grant Committee and/or present an oral report at an Auxiliary membership meeting.

If you have any questions regarding the St. Luke's McCall Auxiliary Grant Program and its application, please contact:

Holly Thrash, Grant Committee Chair
208-634-6996

***This grant is made possible through proceeds raised by the
St. Luke's McCall Auxiliary Thrift Shop.***

The Auxiliary Thrift Shop opened May 1, 1998. The first two years of operation were overwhelmingly successful and it became apparent there was a need for more space. The Auxiliary purchased and renovated the old post office building and opened for business in the new location July 1, 2000.

Donation of clothing, jewelry, and household goods are appreciated and new volunteers are always welcome. The Thrift Shop has made a positive difference for our regional community.

Thank you to all who volunteer their time for the St. Luke's McCall Auxiliary!!

GRANT APPLICATION 2026

Applicant must be a non-profit organization for health-related programs.

Date of Submission: _____	Amount of Request: _____
Organization/Agency applying for Grant funds. Must Include copy of 501(c)(3) under which you qualify - required each year (even if you have applied in the past).	
Contact Person:	
Name of Authorized Representative of Your Organization:	
Mailing Address:	
Daytime Telephone:	
Email:	
Organization Mission Statement:	
1. Project Title:	
Brief narrative of project <i>(overall picture of project, connecting the events in time):</i>	

2. Identify the need for this project:

3. Describe target group for which grant proposal is intended (*specific demographics such as age, grade level and numbers served*):

4. Describe the project in detail, including a timeline:

5. Describe the specific results (outcomes) of this project:

6. Describe how you will measure the results (outcomes) of this project:

7. In the event you would receive partial or no funding for this proposal, how would this affect the project?

8. Explain how the project will continue after the end of grant funding:

9. Will there be other sources of funding? Complete the attached budget sheet, indicating in-kind contributions or matching funds.

10. If you have a cost savings within the scope of your proposal, what would be your next use of the excess funds? **

****USE OF EXCESS FUNDS FROM COST SAVINGS MUST HAVE GRANT COMMITTEE APPROVAL PRIOR TO EXPENDITURE.**

Before you submit your application, did you include the following:

- ☐ Name of authorized representative of your organization.
- ☐ Phone number, complete **mailing** address and **email** address.
- ☐ **A copy of your tax-exempt 501(c)(3) document (even if you've submitted it in the past).**
- ☐ Response to all requested information and questions (number 1-10 on application)

- ☐ Completed budget page.

Budget

Project Name:				
		Source of Funding		Auxiliary Use Only
Project Components	(C) Total Cost	(B) Matching/In-Kind	(A) Grant Request	Amount Approved
TOTALS	\$	\$	\$	
% OF TOTAL	%	%	%	%

Round to the nearest dollar and percentage. Be sure to check your addition. $A+B=C$.

Match/In-Kind Funds

(a.) List the source, **(b.)** amount, and give a **(c.)** description of matching/in-kind funds obligated to the project. Add column 'b' and put total at the bottom.

(a.) CONTRIBUTOR	(b.) AMOUNT	(c.) DESCRPTION
TOTAL		