

Mary Rutan Foundation Community Health and Wellness Grant Program

Mary Rutan Foundation Mission

...is to create philanthropic relationships to support patient care services, medical scholarships, medical equipment, and capital development while promoting health and wellness through educational programs and services to the community in which we serve.

Community Health and Wellness Grant Program

Mary Rutan Hospital is committed to the health and wellness of the residents of Logan County. As a way to foster overall community participation in the promotion of a healthier Logan County, Mary Rutan Foundation has established a Community Health and Wellness Grant Program focused on the areas of risk and concern as identified through the findings of the 2018 Logan County Health Risk and Community Needs Assessment.

The prevalence of obesity is a major concern for Logan County, as it increases the risk of many diseases and health conditions. Concerns continue regarding mental health and the negative effects on our community. Promoting healthy lifestyles and community collaboration is important to Mary Rutan Hospital and Mary Rutan Foundation.

Grant focus areas for this grant cycle are:

- **Food and Beverage Choices**
- **Physical Activity**
- **Mental Health**

Preference will be given to programs that incorporate and/or demonstrate impact on one or more of the following:

- **Address one or more of our priority focus areas**
- **Focus on populations who were identified as at-risk areas of Logan County**
- **Serve a sufficient number of persons in Logan County**
- **Family and/or caregiver involvement**
- **School-based implementation**
- **Developing innovative partnerships with other community organizations/agencies**

Qualified Applicants

- **Local 501 (c) 3 organizations**
- **Schools serving Logan County residents**

Grant Cycle

- Complete applications, including all supporting documentation, must be submitted by 4 p.m. on September 27, 2019.
- Mail application packet to Mary Rutan Foundation 201 E. Palmer Road Bellefontaine, OH 43311.
- Decisions will be made and announced by November 30, 2019. The total amount of funds set aside annually for Mary Rutan Foundation Community Health and Wellness Grants will be established by the Board of Directors. Individual amounts to be granted will be evaluated and adjusted in light of all approved requests.
- Available dollars for this grant cycle is \$50,000.00
- Grant Request may range from \$500.00 to \$10,000.00

Questions

- Questions regarding qualification guidelines may be directed to Mary Rutan Foundation at (937)599-7003.

Mary Rutan Foundation

Community Health and Wellness Grant Application

I. APPLICANT INFORMATION

Name of Organization: Tax ID:
Mailing Address: City: State: Zip:
Contact Person: Phone: Fax:
Title: Email Address:

II. PROJECT INFORMATION

Project Title:
Project Summary:
Requested Amount:
Project Director: Phone: Email:

III. FISCAL AGENT INFORMATION (if applicable)

Name of Fiscal Agent: Tax ID:
Contact Person: Phone: Fax:
Title: Email:

PROPOSAL OUTLINE

I. The Organization

State your organization's mission:

Provide a brief history of your organization:

State your organization's range of services and service area by village name and zip codes:

II. The Program/Project

Indicate how your project addresses one or more of the grant focus areas identified:

Program Description and Target Populations:

Indicators: What will change for the target population? By what date? How will you measure the change?

Strategy for Achieving Goal: Strategies, activities, services, and processes undertaken to lead to the desired change.

Baseline: Determine what the data shows about where we've been and where we're headed. (Example: Pre-test results and initial weights.)

Collaboration: Indicate your key collaborators/community partners on this project/program.

Sustainability: Describe how the project will be sustained through organizational and financial commitments in the future.

III. Financial Information

Please complete and submit Appendix A (below) with the proposal outline. In addition, please provide one copy of each of the following for the applicant Organization and, if applicable, the Fiscal Sponsor.

IRS determination letter of 501 c 3 and Tax Identification Number

Board of Directors List and affiliations

Appendix A – Program/Project Budget

Project Budget year: _____ to _____ Total Project Budget \$ _____

Revenue Sources for this Program/Project

Description	Amount
	\$
	\$
	\$
	\$
Total Revenue From All Sources For This Project	\$

Expenses for this Program/Project

Item Description	Amount Request from MRF	Total Budget from all Sources
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Program/Project Expenses	\$	\$

I hereby verify that the information provided is accurate and honest to the best of my knowledge.

Authorizing Signature Required

Title

Date