



Grant Program and Proposal Guidelines

LifeCare Health Care Fund

The LifeCare Health Care Fund was established to provide financial support for charitable, educational and health care related activities, projects and services benefiting residents and visitors of Roseau County.

Application Process

Complete application and submit to the LifeCare Health Care Fund Advisory Committee for review. A personal presentation explaining your grant proposal may also be requested. Applications should be sent to:

Erik Holmstrom
Development Coordinator
LifeCare Medical Center
715 Delmore Drive
Roseau, MN 56751
eholmstrom@lifecaremc.com

Grant Proposal Guidelines

The LifeCare Health Care Fund will consider grant requests from nonprofit organizations for monies from the following funds:

General Endowment: The purpose of this fund is to provide financial support for health care, wellness, and senior living related charitable and educational activities, projects or services benefiting residents and visitors to the LifeCare Medical Center service area.

Roseau Eagles Auxiliary Diabetes and Dialysis: The purpose of this fund is to provide direct financial support for equipment, training, patient support or other related purposes for diabetic and dialysis needs in Roseau County.

Think Pink Breast Cancer: The purpose of this fund is to provide financial support for patient transportation, education, equipment, and activities related to breast cancer programs within the communities served by LifeCare Medical Center.

Selection Criteria will focus on:

- How the project/program fits within the mission of LifeCare Health Care Funds, as well as the purpose of the fund being accessed.
- The scope of the project/program.
- The number of participants served, number of communities served and number of organizations served.

Proposal Deadline: September 15, 2021

Evaluation

A written evaluation or summary of the impact of the program or item funded through the grant will be requested at the end of the grant period.



Grant Application for Community Projects

ORGANIZATION INFORMATION

Applicant Organization _____

Address _____

City _____ State _____ Zip _____

Contact person/title _____

Telephone _____ E-mail address _____

IRS tax exempt status (check one) Public 501(c)(3) Federal I.D. number _____

ORGANIZATION BACKGROUND

Organization's Mission:

Number of Members: _____ Annual Budget: _____

Number of Roseau County Residents currently served by all of your programs and services: _____

What area of Roseau County do you primarily serve: ()Badger-Greenbush-Middle River ()Roseau ()Warroad ()Whole County

PROJECT/PROGRAM INFORMATION

1. Name of Project/Program to be funded: _____

() New Project/Program () Continuing Project/Program- Year Established _____

2. Which LifeCare Health Care Fund are you requesting a grant from?

() General Health () Think Pink Breast Cancer Fund () Roseau Eagles Auxiliary Diabetes and Dialysis Fund

3. Brief Program/Project Overview and Rationale:

Briefly describe what your program/project will do and why it is important

4. Objectives/Goals of the Program/Project:
Bullet points and/or brief phrases are acceptable

5. Why is this Program/Project needed at this time?

6. Briefly describe how the funds will be used:
(Please attach pictures/quotes, descriptions, as applicable)

7. If this is an existing program/service how many residents were served by it in the past 12 months? _____

8. Anticipated number of new residents served if grant is awarded: _____

9. What area of Roseau County will your Project/Program serve?

() Badger-Greenbush-Middle River () Roseau () Warroad () All of Roseau County

10. How will you evaluate the effectiveness of this Project/Program if grant funds are received?

11. Will this project/program continue once the grant funds have been spent? _____ If yes, how will you fund this Program/Project once the grant ends?

12. If the LifeCare Health Care Fund were only able to grant part of the money you have requested, would you be able to complete this project or portions of this project? _____ Why or why not?

FINANCIAL INFORMATION

Categories	LifeCare Health Care Grant Funding Requested	Funding from Other Sources	Total
Staff Time # of hours _____ X pay rate _____			
Travel			
Equipment			
Supplies			
Other			
Total			

Total project cost \$ _____
 Amount requested from LifeCare Health Care Fund \$ _____

If you are receiving funding from other sources for your Project/Program please list them below:
 (If you haven't received funds from these sources yet, please indicate if they are secured and the date you expect to receive them OR why they are not secured)

SOURCE	AMOUNT	SECURED (Y/N)	DATE RECEIVING FUNDS OR REASON FUNDS ARE NOT SECURED
TOTAL (The Total from other sources plus Amount Requested from LifeCare Health Care Fund should equal Total Project Cost)	\$ _____		

If funded, you may be asked for a site visit or an invitation to discuss your project at the LifeCare Health Care Fund Advisory Committee meeting.

EXECUTIVE DIRECTOR OR BOARD CHAIR

Signature

Date

<p>For NMF Office Use Only</p> <p>Application # _____</p> <p>Serial # _____</p> <p>Date Received _____</p>



(A component fund of the Northwest Minnesota Foundation)