The mission statement for Community Health Foundation (CHF) is to identify needs, raise funds, and award grants to advance health care and the health and well-being of people in the Antigo and neighboring communities served by Aspirus Langlade Hospital. The Community Health Foundation acknowledges and supports the Vision, Mission and Values of Aspirus Langlade Hospital.

**Date of grant request:**

*Grant requests must be submitted by 5:00 pm on the first working day of April, July, October, or January in order to be reviewed at the next quarterly meeting of the Community Health Foundation. Requests submitted after these dates may be delayed. Incomplete grant requests will be returned.*

**ORGANIZATION INFORMATION**

**Organization name:**

**Is this organization a 501 (c)(3): Yes** **[ ]  No [ ]**

**What is the organization’s EIN (Employer Identification Number):**

**Organization’s email:**

**Street address:**

**City:       State:       Zip:**

**Mission of requesting organization:**

**CONTACT INFORMATION**

**Name of individual to contact regarding grant request:**

**Contact email:**

**Contact person’s cell or daytime phone number:**

**PROJECT OR PROGRAM INFORMATION**

**Grant amount requested: $**

**Project or program title:**

**Project start date:       Planned completion date:**

**Describe the program or project using 2-3 sentences:**

**GOALS AND ALIGNMENT**

**What do you plan to accomplish with these grant funds?**

**Describe the total number and population of individuals who will benefit from this grant request:**

**This grant request will primarily serve what location or group (i.e. county, township, city, or school):**

**How does this request align with the CHF mission to advance health care and the health and well-being of those living in Antigo**

**or neighboring communities:**

**BUDGET AND FUNDING – Please include:**

1. **The estimated total annual budget for the requesting organization:**
2. **The total project or program budget, including all anticipated funding sources and funding requests. Planned expenses should be supported with documentation:**

**REPORTING AND ACCOUNTABILITY: Please *provide a comprehensive report on your project's progress and outcome at project completion. Testimonials, photos, and any information you share are appreciated. Future grants may be affected by lack of communication regarding project completion. Please return any unused funds to the CHF.***

**Completed grant applications should be submitted to:** sherry.bunten@aspirus.org

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**ASPIRUS ONLY - ADDITIONAL REQUIREMENTS**

* **If this is an Aspirus Langlade Hospital donor restricted grant request, you must have respective leaders’ approval prior to submission and indicate where funds should be allocated if approved.**
* **ALH Executive's Signature (VP or Clinic Director):**
* **Account #**
* **[ ]  CHF Restricted Fund**:  **[ ]  Unrestricted Fund:**