



St. Thomas More Health Foundation Yankton Benedictine Sisters Fund 2019 Grant Application and Guidelines Automatic External Defibrillator Program

Mission of St. Thomas More:

We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

Purpose:

The Yankton Benedictine Sisters Fund, a gift to St. Thomas More Foundation, supports Fremont County community health projects, with the provision that monies may not be used to support capital projects.

This application is specifically for requests for automatic external defibrillators (AEDs).

Application Deadline:

Applications must be emailed or postmarked no later than **December 31, 2018**. A limited number of automatic external defibrillators are available each year for Fremont County 501(c)(3) community organizations.

Send Grant Proposals to:

St. Thomas More Health Foundation
Attn: Debby Fowler
1338 Phay Ave
Canon City, CO 81212
debbyfowler@centura.org

For questions, please contact:

Debby Fowler
Director of Stewardship
719-776-7161



St. Thomas More Health Foundation
Yankton Benedictine Sisters Fund
Application Guidelines, page 2

The St. Thomas More Health Foundation's Yankton Benedictine Sisters Fund grant application consists of the following components.

- A. Applicant Organization summary (form attached – must be cover page of grant request)
- B. Narrative: (Include the **HEADING** provided for each question and submit in the order listed. It is not necessary to repeat the text of the question.)

Thank you for your time and effort in completing this application.



**St. Thomas More Health Foundation
Yankton Benedictine Sisters Fund
Automatic External Defibrillator Program**

APPLICANT ORGANIZATION SUMMARY

Organization Name: _____
(Grants may not be awarded to individuals.)

Mailing Address: _____

City, State & Zip: _____

Phone: _____

Email: _____

Name of CEO or Executive Director: _____

Phone: _____

Email: _____

Application Contact _____

Title: _____

Phone: _____

Email: _____

Brief Description of Request:

Signature: _____ **Date:** _____

Title: _____

NARRATIVE

ORGANIZATION BACKGROUND: Describe the organization and its founding, development, mission, geographic area served, goals and objectives.

PROJECT REQUEST:

- A. Outline the need for the Automatic External Defibrillator.

- B. Identify the target population and numbers served.

PAST SUPPORT: Have you received funding from the Yankton Benedictine Sisters Fund in the past? If so, please provide the amount and when your organization received it. What was the impact of this funding?