Mission
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 received by December 31, 2019. 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, contact Debby Fowler, Stewardship Coordinator:
Phone: 719-776-7170
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.
2020 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: ____________________________________________
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?