**SUMMARY SHEET FORM**

**Legal Name of Organization:**

Catholic Health Initiatives Colorado Foundation

Penrose-St. Francis Health Foundation

**DBA** (if applicable)**:**

**Mailing Address, City, State, and Zip:**

2222 North Nevada Avenue

Colorado Springs, CO 80907

84-0902211

719-776-7760

719-776-7750

**Phone:**  **Fax: EIN:**

www.psffound.org

**Website:**

Diane LeBlanc

**Name of CEO or Executive Director:**

dianeleblanc@centura.org

719-776-7760

**Phone:** **Email:**

**Application Contact & Title** (if *not* the CEO or Executive Director)**:**

Sarah Tremmel, Director of Grants and Communications

sarahtremmel@centura.org

719-776-7162

**Phone:** **Email:**

**Organization Information**

**Mission Statement:**

Mission for Penrose-St. Francis Health Services: To extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities. PSF Health Foundation provides philanthropic support for the mission of Penrose-St. Francis Health Services.

For nearly 125 years, Penrose-St. Francis has been helping people live healthier, longer lives by providing loving, leading-edge care to those in need in and around our community.

**Geographic Area Served** (specific to this proposal)**:**

The medically underserved populations in El Paso County, through the Penrose-St. Francis Neighborhood Nurse Centers, Coordinated Access to Community Health (C.A.T.C.H.), safety-net clinics, and other identified community partnering and networking sites.

**Tax Exemption Status: Year Founded:**

1982

X 501(c)(3) (with a 509(a)(1) designation)

□ Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

□ Other than 501(c)(3), describe:

0

6

**Number of Employees: Full-time: Part-time:**

**Grant Request Information**

15,000.00

**Type of Grant Requested** (select one)**: Amount of Request: $**

□ General Operating Support

X Program Support

□ Capital Request

□ Other

**For requests other than general operating support, describe what the grant will be used for:**

Penrose-St. Francis Neighborhood Nurse Centers would collaborate with other local agencies to identify and fill the gaps in providing adult immunizations to the medically underserved in El Paso County. These clinics would also be used to provide education and distribute preventative health information to this underserved population.

**Financial Information**

6/30/2012

**PSF Health Services’ Current Budget for Fiscal Year Ending:**

$2,900,000 (fundraising goal)

0000

$1,114,655

**Income: Expenses:**

**AND, if other than a general operating request,**

7/1/12

6/30/13

Total cost\*\*\*

**Program or Capital budget: Dates: from: to**:

Seeking $xx,xxx

$xx,xxx secured

From budget

**Income**: **Expenses:**

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

**February 6, 2012**

**CEO/Executive Director Date**

**FINANCIAL ATTACHMENTS**

*Attachment 3: Sources of Income Table*

**Sources of Income Table**

Complete the table below for the organization as a whole, based on the most recently completed fiscal year. Categories may be modified.

Percentage Funding Source

4 % Foundations

13 % Businesses and Service Clubs

% Events (include event sponsorships)

67 % Individual contributions

% Fees/earned income

16 % Employee giving campaign

% In-kind contributions (optional)

TOTAL MUST EQUAL 100%.