



COMMUNITY FUNDING REQUEST

LAKESWOOD HEALTH SYSTEM | LHS ENGAGE | LHS FOUNDATION

Lakewood Health System, Lakewood Health System Foundation, and Lakewood Health System Engage (our community health program) are proud to support and partner with community organizations, non-profits, schools, community groups, and others to improve the health and livability of our community. Our system sponsors a select number of organizations and activities each year that are strongly aligned with our mission, vision, core values, and areas of community health focus.

HOW TO SUBMIT A PROPOSAL:

Complete the *Community Funding Request Form* and e-mail it and any additional information to: gretchenbestland@lakewoodhealthsystem.com, OR print and mail the completed form and any additional information to: **Attn: Gretchen Bestland, Lakewood Health System, 49725 County 83, Staples, MN 56479**

PROPOSALS ARE REVIEWED BASED ON THE FOLLOWING CRITERIA:

- Supports or aligns with Lakewood Health System Community Health priorities outlined in our Community Health Needs Assessment (lakewoodhealthsystem.com/community-health/community-health-needs-assessment).
- The organization or event reaches the families we serve, and provides us with visibility in our key markets and service areas (Browerville, Eagle Bend, Motley, Pillager or Staples). Funding for a national organization must focus on a local or regional event.
- The event/activity must involve health and wellness that leads to community benefit, health improvement or education.

INELIGIBLE ACTIVITIES/ORGANIZATIONS:

- Requests that benefit an individual person or family
- Requests for political candidates or political organizations
- Memorials or endowments
- Expenses that have already been incurred
- For-profit institutions

PROPOSAL REVIEW:

Proposals are reviewed on a rolling basis. Requests for funding must be submitted at least two months before the commitment deadline to insure the request has proper time for consideration. Members from the LHS Foundation Women in Philanthropy (WIP) Community Funding Committee conduct initial review of all applications and send recommendations to LHS Community Health and Marketing departments for final award decisions. Funding announcements will be communicated within 30 days of receipt of funding request applications.





COMMUNITY FUNDING REQUEST FORM

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To be considered for funding, please complete this form in its entirety and submit it with any additional supporting information to: gretchenbestland@lakewoodhealthsystem.com OR
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SECTION 1: GENERAL INFORMATION

Today's date:

Name of organization (and department, if applicable):

Mailing address:

Contact person (and title, if applicable):

Phone:

Email:

Are you a nonprofit organization? If so, please provide your tax ID#:

SECTION 2: EVENT OR ACTIVITY DETAILS

Does your funding request meet the criteria listed on page 1 of the application? YES NO

Please describe the event or activity date, location and details:

Number of people anticipated to be reached or served:

How will funds be used?

Total amount of funding requested (up to \$2,000): \$

Please include any additional information that may assist in the evaluation of this request:

Are there opportunities for Lakewood Health System, LHS Engage, or LHS Foundation to have visibility or value-added branding to the activity or event? Opportunities may include, but are not limited to: logo placement, banners, public service announcements, program recognition, and/or booth presence.

YES NO

If yes, describe what marketing support items you will need:

