

# Speare Memorial Hospital Community Health Grant Program

## Grant Information and Eligibility

### **Background**

Speare Memorial Hospital is committed to providing excellent healthcare for our community everyday; with an overall objective of ensuring that our community achieves optimal health. As such, Speare has been our community's health resource for many generations, not only providing care when individuals are injured or ill, but also helping our community manage their health with health education, prevention and wellness, screenings and primary care. BUT achieving optimal health takes the efforts of many organizations all working together toward a common vision. To best achieve our vision of optimal health for our community, Speare created the SMH Community Health Grant Program.

The SMH Community Health Grant Program was established to provide funding to organizations to help accomplish significant results in improving the health of the citizens in the region we serve. Speare's service area includes the towns of Alexandria, Ashland, Bridgewater, Bristol, Campton, Ellsworth, Groton, Hebron, Holderness, Lincoln, Plymouth, Rumney, Thornton, Warren, Waterville Valley, Wentworth and Woodstock.

Each year the SMH Board of Directors will approve a pool of funds available to support community health initiatives. Grant requests will be solicited from eligible entities for program activities and initiatives that address a community health need as identified in the Central NH Health Partnership Community Needs Assessment. Grant requests must be for a minimum of \$2,000. Grant awards will be dependent upon the size of the pool and the number of approved grant applications received. No applicant is assured of grant funding for any given year or from one year to the next.

### **Criteria**

Organizations eligible to apply to the SMH Health Grant must be tax exempt under Section 501(c)(3) of the Internal Revenue Code, and serve a region that aligns closely with Speare's service area (listed above).

Applicants should submit a proposal that provides a clear description of the initiative for which funding is requested, including:

- specific objectives for services and measureable outcomes;
- description of how the proposed initiative addresses an identified community health need for region;

- explanation of how other funding will be leveraged;
- evidence that project objectives will be accomplished within the grant period or that other funding will be secured to continue the activity in the future; and
- cooperation or collaboration among organizations for greater impact.

### **Exclusions**

The Speare Memorial Hospital Community Health Grant Committee will not consider grants for the following purposes:

- Support of administrative expenses
- Deficit reduction or to support an activity that has already been completed
- Religious or political purposes
- Professional development/education and associated travel expenses
- Capital equipment expenditures unless associated with a new program or initiative

### **When and How to Apply**

The Speare Memorial Hospital Community Health Grant Committee meets and reviews proposals once a year in July/August. The funding period is October 1-September 30<sup>th</sup>. Applications and supplemental information are due no later than the end of business on June 15<sup>th</sup>. If the deadline falls on a weekend, the deadline will be extended to the first business day following. Incomplete applications will not be considered. Submit 1 copy of the Grant Application Narrative along with the completed Application Cover Sheet, budget and required attachments.

If all available grant funds are not awarded in the first round of funding, grant applications will continue to be accepted and reviewed. Please contact Cheryl Callnan at 603-238-2211 for current information on the availability of grant funds.

Applications should be mailed to:

Schannon Sargent  
Administration  
Speare Memorial Hospital  
16 Hospital Road  
Plymouth, NH 03264

Grant Application Narratives should be no longer than 3 pages double spaced and should include the following information:

- Organization description

- Purpose of grant
- Statement of need
- Areas/communities served
- Evaluation plan (i.e. objectives and measurable outcomes)
- Project Budget

See the Grant Application Narrative Instructions for details on the information to include in each section.

### **Attachments**

Include the following attachments in your application:

- Letter of tax exempt status
- IRS Form W-9
- List of CEO/Executive Director and board members with contact information
- Most current statement of operations and balance sheet
- Most current audited financial statement (please contact Cheryl Callnan in the event your organization does not have financial audits performed)

### **Funding and Reporting**

Funding period for awarded grants is October 1st - September 30<sup>th</sup>. Grant awards will be funded in quarterly installments; dependent upon timely receipt of quarterly financial reporting from grant recipient regarding the status of the funded initiative. Recipients are required to complete interim financial reports for the first three quarters of the funding period and return them to Speare Memorial Hospital within 45 days of completion of the quarter. A final financial report and Annual Program Evaluation Report (attached) is due within 45 days of the conclusion of the funding year.

### **For More Information**

For more information contact: Cheryl Callnan, Director of Development, Speare Memorial Hospital at 603-238-2211 or ccallnan@spearehospital.com.

All grant requests will be approved and allocated solely at the discretion of the SMH Community Health Grant Committee. Speare Memorial Hospital reserves the right to accept or reject any request for support.

**Speare Memorial Hospital Community Health Grant Program**

**Grant Application Cover Sheet**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROJECT/PROGRAM DESCRIPTION**

Title: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Funding will support (1-2 sentences):

Summary of project/program objectives (1-2 sentences):

Towns/Geographic area(s) to be served by project/program:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Speare Memorial Hospital Community Health Grant Program

### Grant Application Narrative Instructions

#### **Organization Description:**

Briefly describe your organization, its' mission, current programs and services. Include meaningful service statistics and a brief history highlighting significant milestones or achievements.

#### **Purpose of Grant:**

Describe specifically what will be accomplished with the funding requested, e.g., what program or initiatives will be undertaken, who and how many will participate or benefit. Indicate how the activity will be staffed and managed. Attach brief (1 page) resumes of key staff.

#### **Statement of Need:**

Outline the needs or opportunities your proposal addresses and how these were determined. It is preferred that identified needs align with those listed in the *Community Health Needs Assessment 2017*, which can be found at:

<https://vq00r2ahz8r3a4dza25a76q6-wpengine.netdna-ssl.com/wp-content/uploads/2017/11/Community-Health-Assessment2017.pdf>

#### **Evaluation Plan:**

Describe how the project will be evaluated and the data that will be collected during the year to assess results. Evaluative criteria should include appropriate measurable outcomes.

#### **Areas/Communities Served:**

List the towns/geographic area(s) to be served.

#### **Project Budget:**

Provide an itemized expense budget (Project Budget Form attached). Indicate other funding as committed or projected. Include a narrative description of how this initiative will be sustained beyond the funding year.

**Speare Memorial Hospital  
Community Health Grant  
Budget Form**

Grant Applicant Name: \_\_\_\_\_

Budget Request for: \_\_\_\_\_

Period: October 1, 2019-September 30, 2020

Line Item	Total Expenses	Other Funding	SMH Community Health Grant Funding Request
Salary & Wages (Provide details in narrative)			
Employee Benefits			
Consultants			
Subcontracts/Agreements			
Equipment			
Supplies			
Travel			
Other (provide specific details)			
Total			

Please describe future funding plan to assure initiative is sustained beyond grant year:

**Speare Memorial Hospital  
Community Health Grant  
Quarterly Financial Report**

**Grant Applicant Name:** \_\_\_\_\_

**Budget Request for:** \_\_\_\_\_

**Period:** \_\_\_\_\_

Line Item	Q1 10/1/19-12/31/19	Q2 1/1/20-3/31/20	Q3 4/1/20-6/30/20	Q4 7/1/20-9/30/20	Total Expenses
Salary & Wages					
Employee Benefits					
Consultants					
Subcontracts/Agreements					
Equipment					
Supplies					
Travel					
Other (provide specific details)					
<b>Total Expenses</b>					
<b>SMH Health Grant Receipts</b>					
<b>From Other Funding Sources</b>					
<b>Total Funding</b>					

**Speare Memorial Hospital Community Health Grant Program**  
**Annual Program Evaluation Report**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_ Amount Expended: \_\_\_\_\_

Date Awarded: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Recipients of grant support from Speare Memorial Hospital are required to complete a final report upon completion of the grant funded project, or an annual interim status report on projects in progress.

Your report should be based on the Purpose of Grant description and Evaluation Plan in your original proposal.

1. List the goals, objectives and measurable outcomes identified in your evaluation plan in the application narrative, and indicate actual performance as compared to the initial goals, objectives and outcomes. If program objectives and outcomes were not achieved, indicate the obstacles and challenges encountered.
  
2. Which of these goals was the single most important to the success of your project or organization?
  
3. Indicate the degree to which you were successful in meeting that goal.
  - a. \_\_\_ Exceeded goal
  - b. \_\_\_ Met goal
  - c. \_\_\_ Met some aspect of goal
  - d. \_\_\_ Did not meet goal

What factors contributed to this degree of accomplishment?



4. Indicate the degree to which you were satisfied with the impact you achieved:

- a. \_\_\_ Very satisfied
- b. \_\_\_ Satisfied
- c. \_\_\_ Dissatisfied
- d. \_\_\_ Very dissatisfied

Comments:

5. Did this grant help you attract other resources such as additional funding, volunteer assistance or in-kind contributions? If yes, please explain.