

Community Grant Application Form



2300 N. EDWARD ST. | DECATUR, IL 62526 | 217-876-2146

Documents that MUST be included with application to be considered for grant funding

- ☐ Signed application
- ☐ Copy of 501(c)(3) designation (if community organization)
- ☐ Board of Directors list
- ☐ Itemized project/program budget

Submit application and required documents to Julie Bilbrey at **Bilbrey.Julie@mhsil.com**

or mail to:
Decatur Memorial Foundation
c/o Julie Bilbrey
2300 N. Edward St.
Decatur, IL 62526

Please attach documents to this application if you need additional space to answer.

SECTION 1: Contact Information

Applicant name (First and last)

Applicant title

Applicant organization

Applicant phone number

Applicant email address

Names and titles of other key collaborator(s) involved in this project/program. If any:

For questions regarding application, contact: ☐ Applicant ☐ Other

(Other) Name

Title

Email

Phone

For questions regarding budget, contact: ☐ Applicant ☐ Other

(Other) Name

Title

Email

Phone

visit us at **memorial.health/DMF**

SECTION 2: Organization Information

Please select your organization's category:

- ☐ Memorial Health ☐ 501(c)(3) Nonprofit ☐ Educational organization

Organization Mission Statement *(for organizations other than Memorial Health):*

Brief organization description:

Organization website *(for organizations other than Memorial Health):*

SECTION 3: Project/Program Information

- ☐ New Project ☐ Existing Project

Project/program name

Date of application

Check all focus areas that are applicable:

- ☐ Access to Healthcare ☐ Agriculture ☐ Economic Disparities
☐ Healthcare Education ☐ Mental Health/Substance Abuse

Age group project/program will serve:

- ☐ All ages ☐ Infants (0–2) ☐ Children (3–9) ☐ Adolescents (10–18)
☐ Young adults (19–25) ☐ Adults (26–64) ☐ Seniors (65+)

Ethnicity project/program will serve:

- ☐ African American ☐ Alaskan Native ☐ Asian American ☐ Caucasian
☐ Hispanic/Latino ☐ Multiracial ☐ Native American ☐ Other
☐ Native Hawaiian or other Pacific Islander

SECTION 3: Project/Program Information (continued)

Population project/program will serve:

- | | | | |
|------------------------------------------------|----------------------------------|----------------------------------------|---------------------------------------------|
| <input type="radio"/> Economically challenged | <input type="radio"/> LGBTQIA | <input type="radio"/> Disaster victims | <input type="radio"/> Physically challenged |
| <input type="radio"/> Developmentally disabled | <input type="radio"/> Immigrants | <input type="radio"/> Veterans | <input type="radio"/> General population |

Geographical area project/program will serve *(Please list all Illinois counties served):*

Brief executive summary of project/program:

Total grant request \$

Total project budget \$

Is this project/program viable with partial funding?

- ☐ Yes ☐ No

Please list any in-kind support received for this project/program:

Please list other funding sources contributing to this project/program, if any:

SECTION 4: Objectives

What do you hope to accomplish? Who is included in obtaining this goal?

How will you measure progress? How will you know if the goal is met?

Please explain why focusing on this goal aligns with the broader goals of your organization?

Please provide a timeline for your project/program.

SECTION 5: Attestation

I confirm that this application is true and correct. I understand that if funding is awarded for this application, I will be responsible for assuring that a final report is submitted to the Foundation within one year of date awarded.

Applicant signature/title

Date of
application