



## Funding Request Guidelines & Application

### Howard Young Foundation Mission

The Howard Young Medical Center was built in 1977 through a very generous bequest provided by philanthropist Howard Young. Bearing his name to honor his philanthropic gift, the Foundation was established in 1984 to support healthcare initiatives of Howard Young Medical Center and Ascension Eagle River Hospital that advance the health and wellness of the people in the communities served through charitable support.

### Funding Eligibility

Howard Young Foundation accepts funding applications to support programs and services that enhance the quality of healthcare services for the patients and families served by Howard Young Medical Center and Ascension Eagle River Hospital. Each funding application will be reviewed by the Howard Young Foundation Board. Any department or program within Howard Young Medical Center and Ascension Eagle River Hospital is eligible to apply.

External organizations may also be considered for funding. External organizations must show a direct relationship between their program or service and how it will enhance the health care of the patients and families served by Howard Young Medical Center and Ascension Eagle River Hospital.

### Funding Criteria

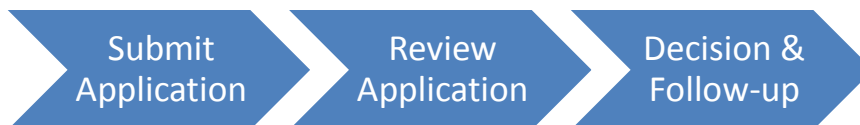
Funded projects will:

- Support the Mission of the Howard Young Foundation and fulfill one or more of the following:
  - Improving Quality of Care
  - Advancing Healthcare
  - Building For Tomorrow
- Strengthen and enhance the quality of health care services for the patients and families served by Howard Young Medical Center and Ascension Eagle River Hospital
- Include meaningful, reasonable, and measurable outcomes
- Have a long-term impact on the patients and families served by Howard Young Medical Center or Ascension Eagle River Hospital

### Howard Young Foundation does not generally fund:

- Financial support to individuals
- Contributions to annual fund drives
- Contributions to endowment funds
- Contributions to capital campaigns outside of Howard Young Health Care.

### Application Process:



- **Submit Application:** Applicant completes funding application, obtains signatures and sends to Howard Young Foundation electronically or by mail.
- **Review Application.** Howard Young Foundation verifies request is complete, consistent with the mission, and presents to Howard Young Foundation Executive Committee and/or Board of Directors.
- **Decision & Follow-up.** Howard Young Foundation notifies the applicant of the decision to approve, deny or table for more information. If a request is approved Howard Young Foundation documents contacts the applicant and processes the request.

**Application Deadline:** Applications received by the 1<sup>st</sup> of the month will obtain a decision in 30 days.

**Join us in creating a healthier life for everyone now and in the future. Your Health, Your Hospital.**

**FUNDING REQUEST APPLICATION**



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**Howard Young Foundation:**

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Howard Young Foundation invests in initiatives that:

- Improve Quality of Care
- Advance Healthcare
- and Build For Tomorrow

**Join us in creating a healthier life for everyone now and in the future. Your Health. Your Hospital.**

<b>Applicant Contact Information</b>		
Name of applicant:		
Organization/Company:	<input type="checkbox"/> Howard Young Health Care <input type="checkbox"/> Other _____	
Department :		
Preferred phone:		
Preferred e-mail:		
<b>Applicant's Agreement and Signature</b>		
I affirm that I have read and understand the Funding Guidelines. I understand that I will be responsible for completing and returning the Funding Evaluation Form if this is a new program/project that has received funding within three months of the completed project.		
Applicant's Signature:		Date:
<b>FOR HOWARD YOUNG HEALTH CARE APPLICANTS ONLY: VP &amp; Finance Approval</b>		
<i>Funding requests from inside Howard Young Health Care organization must obtain VP &amp; Finance Approval.</i>		
Vice President Name (printed):		
Vice President Signature:		Date:
Finance Director Name (printed)		
Finance Director Signature:		Date:



Application (Page 2 of 4)

Funding Request Information	
Funding Request Name:	
Requested Amount:	
Funding Request Description:	

Full Request Details	
Background Why is it necessary?	
Target audience and approximate # of people the request will assist/serve	
Benefits (e.g. financial, long term impact)	



Full Request Details (continued)	
How request supports the Howard Young Foundation mission?	
How you will measure the success/failure?	
Financial Budget	Please attach an itemized budget (or financial details) of the requested expenditure. <b>Your request <u>will not</u> be considered for funding without this information.</b>
How will the request be self-funded going forward?	

Additional Funding Sources			
List any other funding sources sought for this proposal, the amount requested and if funding has been received. Please attach a separate sheet if additional room is needed.			
	Source 1	Source 2	Source 3
Organization/Company			
Amount Requested			
Funding Received? (Yes/No/Pending)			



**Congratulations, your application is now completed!**

**Before you submit your application and to expedite processing, please make sure:**

- Application has appropriate signatures and contact details
- Application is completed
- Budget is attached

**Submit completed Funding Application to:**

Howard Young Foundation | PO Box 470 | Woodruff, WI 54568  
[info@hyfinc.org](mailto:info@hyfinc.org) | ph. 715.439.4005 | fax 715.439.4010

**Additional Information (If Needed)**