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**Please check with your administration representative to determine if funding from a Foundation restricted fund is available for your project or need before submitting a full grant request.**

**Please read these instructions and guidelines carefully before completing your application.**

The Mission of the Ascension St. Vincent Foundation Grants Committee is to provide philanthropic support for the programs, services and initiatives of Ascension St. Vincent Hospital, Ascension St. Vincent Carmel, Ascension St. Vincent Fishers, and Ascension St. Vincent Heart Center that directly benefit patients, families, providers, associates and the community outreach programs supported by Ascension St. Vincent.

**Timeline**

Applications must be received by the close of business – 4:30 p.m. – on the following dates in FY2021 to be eligible for consideration at the next Grants Committee meeting:

● **Friday, January 15, 2021**

● **Friday, April 16, 2021**

Applicants will be notified within two weeks of review by the Grants Committee as to the status of the request. The Ascension St. Vincent Foundation operates on a fiscal year calendar of July 1 to June 30.

**What We Fund**

* Research projects, which must be approved by the Ascension St. Vincent Institutional Review Board (IRB), including those in areas that distinctively advance Mission-aligned services as well as the Catholic Identity and Core Values of Ascension St. Vincent (e.g., Spiritual Care, Palliative Care, Fertility Awareness/Natural Family Planning and Behavioral Health)
* Innovation and development of new Ascension St. Vincent programs
* Capital projects (including technology and equipment) less than $5,000 (must comply with Capital Allocation guidelines and approvals)
* Services and programs that benefit Ascension St. Vincent patients, patient families and/or associates
* Ascension St. Vincent community outreach programs

**What We Do Not Fund**

* Salaries: Exceptions exist for this limitation. Funding may be considered for salaries or wages of contingent workers or research-related personnel directly supporting a time-limited, specific research project (e.g., research coordinators, research data analysts, biostatisticians, student interns, etc.)
* Capital projects over $5,000
* Events
* Marketing initiatives
* Tuition, scholarships or attendance at conferences (funding may be available from other Foundation funds)
* Membership or certification fees (funding may be available from other Foundation funds)
* Programs/projects in conflict with the Mission and Core Values of Ascension St. Vincent
* Programs/projects that compete with existing Ascension St. Vincent programs, services or projects

**Grant Size**

The Committee has established a grant size limit of $25,000 but may, at its discretion, consider larger grants on a case-by-case basis. Generally, grant projects should be completed within one calendar year from award. Exceptions may be considered for multi-year requests on a limited basis.

**Grant Review and Funding Process**

Grant requests are considered by the Ascension St. Vincent Foundation Grants Committee and evaluated for their merit and impact. If approved, the cost center submitting the request must purchase the items or otherwise expend funds for the project and will then be reimbursed by the Foundation through a transfer reimbursement process. *(Note: If the funding is for a research project, contact the Ascension St. Vincent Office of Research and Clinical Trials (ORCT) to obtain a Research Project Account for the funds. The ORCT will manage and track the funds for the grant recipient. Funds in these accounts may be maintained across fiscal years.)*

**Evaluation and Reporting**

Grant recipients are required to submit a detailed written report upon completion of the project including data and statistics that illustrate the program/project’s impact and effectiveness (form will be provided). If the project extends more than one year, grant recipients are required to submit a progress and fiduciary report on an annual basis. In addition to the written report, photos of the project and testimonials from beneficiaries are encouraged and helpful in raising additional unrestricted contributions. If your project is accepted, please be prepared to track data, receipts and expenditures, as well as document progress and information that will assist you in writing your final report. Failure to submit an evaluation will prevent future grant requests from being considered.

**Recognition**

All programs funded by Ascension St. Vincent Foundation must be acknowledged in written programs and printed materials, through signage at events and programs, by placing a sticker on the items, etc., as applicable. The Foundation will work with grant recipients to determine the most appropriate wording or recognition. Written materials referencing the Foundation must be submitted for approval before printing.

**Process**

Requests for capital projects or equipment must first be submitted through the capital allocations process and must be for purchases less than $5,000. Requests for funding of research projects will need to demonstrate appropriate review and approval/acceptance by the Ascension St. Vincent IRB.

Grant application forms are available online at [**https://give.stvincent.org/associateforms**](https://give.stvincent.org/associateforms) or by contacting Andy Zirkle at the Ascension St. Vincent Foundation at 317-338-5081. You may also contact Andy if you have questions about the grants process. You should receive a confirmation email within three days of submission of your application.

**Ascension St. Vincent Foundation Grant Application**

Project Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact (name/title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street/P.O. Box City State Zip

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO Business Unit #\_\_\_\_\_\_\_\_\_\_ Department #\_\_\_\_\_\_\_\_\_\_

Amount Requested\_\_\_\_\_\_\_\_\_\_\_\* Ascension St. Vincent Project/Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Generally should not exceed* ***$25,000*** *(the maximum for capital equipment and technology is $5,000 per Ascension guidelines).* ***Please check with your administration representative to determine if a restricted fund is available for your project or need before submitting a full grant request.***

*In your grant request narrative, please address any risks and or benefits of your project to Ascension
St. Vincent. Please also note if there are any budget considerations or impact to other areas of the ministry. For example, will your project, although funded by a grant, impact another area that would increase its expenses? Note if a similar program currently exists and how your project/service compares to best practices.*

1. **Project Summary Statement (one sentence summary of your project):**
2. **Project Description (include timeline and project goals):**
3. **In what ways does this project match the strategic alignment, Mission and Core Values of Ascension St. Vincent?**
4. **Does your project require licensing, clearances and/or contracts? If so, explain.**
5. **How does your project affect quality of care?**
6. **Describe the potential impact of the project and who will benefit.**
7. **What are the intended results of the project? Outline how you plan to measure the outcomes of your project and provide examples. Please be specific. This is information you will need to provide in your final report and by which the Committee will evaluate your success and impact.**
8. **What is the financial sustainability of your project/program? (If successful, how will the project financially support itself when grant dollars are expended?)**
9. **Is this grant request for continuation of an existing project? (check applicable box)
☐ Yes
☐ No
If yes, provide a brief description of the status of the project, including specific metrics reflecting progress toward measures of success.**
10. **Has the project received prior grant funding from the Ascension St. Vincent Foundation?
☐ Yes
☐ No**
11. **How do you propose to recognize the Foundation should you receive this grant?**
12. **If your project is for a capital project or equipment, has it been submitted through the Capital Allocations Committee?
☐ Yes
☐ No
If yes, provide a date.**
13. **If this is a research project, has it received Ascension St. Vincent IRB approval? If so, what is the IRB number, and when was the project approved? If the project has been submitted to the Ascension St. Vincent IRB but not yet reviewed and approved, what was the date of submission?**
14. **Please attach a complete detailed project budget including total costs and indicate any other sources of income, as well as any other budget considerations**.

*I signify by my signature that I have read and understand the policies and guidelines as described in the cover sheet of this application, and I accept responsibility for meeting all reporting requirements in an accurate and timely fashion if my project should receive funding.*

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Signature of Applicant Date

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Signature of Director/Administrator\* Date

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Signature of Executive Leadership Team Member\* Date

**\**Signatures of the supervising Director or Administrator and a member of the Executive Leadership Team are required by the Grants Committee in order to consider your request.***

**Submission options**

1. Mail or hand deliver to the Ascension St. Vincent Foundation office (use door mail slot if necessary)
8402 Harcourt Road, Suite 210
Indianapolis, IN 46260
2. Email: **apzirkle@ascension.org**
3. Fax: 317-338-2171

Revised 02/2021