

# Dukes Health Care Foundation of Miami County Inc.

13 EAST MAIN STREET • PERU, INDIANA • 46970  
PHONE: (765) 472-2236

## GRANT APPLICATION CHECKLIST—ANNUAL

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Please use the following checklist to make sure you have completed all requirements of the Dukes Health Care Foundation's grant application.

Submit original and two copies of the following:

- Executive Summary
  - Cover sheet
  - Application narrative
  - Grant application budget with narrative/justification
  - Release and indemnification agreement
  - IRS determination letter indicating tax exempt status
  - List of Board of Directors
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- The **Executive Summary** should be no more than a half-page. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.
  - The **Cover Sheet** must:
    - Be completed in its entirety
    - Have all proper signatures completed, with title and date signed.
    - Be filed with the Foundation, along with the **Grant Application Budget** and all narratives, annually by November 30th.
  - The **Application Narrative** should provide information on the following three areas:
    - Purpose of the grant
      - Statement of needs/problems; description of target population and how they will benefit.
      - Description of project goals and measurable objectives.
      - Plans to accomplish goals and objectives.
      - Timetable for implementation.
      - Description of the qualifications of key staff and volunteers that will ensure the success of the program.
      - Long-term strategies for funding this project at the end of the grant period.
    - Evaluation
      - Plans for evaluation including how success will be defined and measured.
      - How evaluation results will be used and/or disseminated.
      - Description of the active involvement of constituents in evaluating the program.

Organization Information

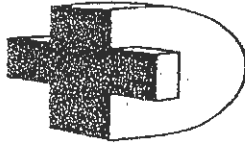
Brief summary of organization's history.

Brief statement of organization's mission and goals.

Description of current programs, activities and accomplishments.

Organizational chart, including board, staff and volunteer involvement.

- The **Grant application budget narrative/justification**:
  - On a separate sheet, shows how each budget item relates to the project and how the budgeted amount was calculated.
  - Lists amounts requested from other foundations, corporations, and other funding sources to which this proposal has been submitted.
  - Indicates if the funds you are requesting will be used as a match or to leverage other sources of revenue.
  - In the event we are unable to meet your full request, indicates priority items in the proposed grant budget.
  
- The first paragraph of the **Release and Indemnification Agreement** must be completed with the date of signature and Grantee's name. The bottom paragraph must also be completed and signed.
  
- A copy of the **IRS determination letter** must be current and indicate the 501(c)(3) tax-exempt status.
  
- The **List of Board of Directors** should include their mail addresses, telephone numbers, e-mail addresses and their affiliations.



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## GRANT APPLICATION COVER SHEET—ANNUAL ORIGINAL WITH TWO COPIES

Date filed \_\_\_\_\_  
(Application must be filed annually by November 30th)

Legal name of organization \_\_\_\_\_  
(Should be same as on IRS determination letter and as supplied on IRS Form 990)

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Executive Director \_\_\_\_\_

Address \_\_\_\_\_

City, State/Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website \_\_\_\_\_

Name of Fiduciary (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

### PROJECT INFORMATION

Project Name \_\_\_\_\_

Program Director/Contact Person \_\_\_\_\_

Purpose of Grant (in one sentence) \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Total Project Cost \$ \_\_\_\_\_

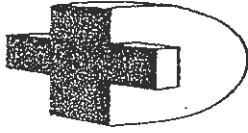
Project Period: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**The Chair or another non-paid officer of the agency's governing body must sign this application.**

Signature, Chairperson \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature, Executive Director \_\_\_\_\_ Title (if not Exec. Dir.) \_\_\_\_\_ Date \_\_\_\_\_

Signature, Grants Coordinator \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



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## BUDGET FOR TOTAL PROJECT COVERED BY THIS GRANT APPLICATION ORIGINAL WITH TWO COPIES

Organizational fiscal year \_\_\_\_\_

Time period this Grant Application budget covers \_\_\_\_\_

### Expenses:

Salaries	\$ _____
Payroll taxes and benefits	_____
Insurance and professional fees	_____
Travel	_____
Office supplies & equipment	_____
Utilities, telephone and fax	_____
Rent	_____
Maintenance	_____
Marketing	_____
Other (specify)	_____
Total Expenses	\$ _____

### Revenue:

	<u>Pending</u>	<u>Committed</u>
Grants/contributions	\$ _____	\$ _____
Contracts	_____	_____
Earned income (events)	_____	_____
Membership income	_____	_____
In-kind support	_____	_____
Other (specify)	_____	_____
Total Revenue	\$ _____	\$ _____

# RELEASE AND INDEMNIFICATION AGREEMENT

This Release and Indemnification Agreement ("Agreement") is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between Dukes Health Care Foundation of Miami County Inc, (the "Foundation/Grantor"), and \_\_\_\_\_ ("Indemntor/Grantee")

WHEREAS, the Foundation/Grantor is issuing a "Grant" to the Indemntor/Grantee;

WHEREAS, the Foundation/Grantor and Indemntor/Grantee recognize the exposure to litigation as a result of the use and the purposes of the grant funds;

NOW, THEREFORE, the Indemntor/Grantee hereby agree as follows:

## 1. Indemnification

(a) Third Party Proceedings. The Indemntor/Grantee shall indemnify Foundation/Grantor if Foundation/Grantor is or was a party or is threatened to be made a party to any threatened, pending or completed action or proceeding arising under the laws of the United States or any state thereof by reason of the fact, or by reason of any action or inaction on the part of Indemntor/Grantee in the use of said grant for expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by Foundation/Grantor in connection with such action or proceeding as a result of Indemntor/Grantee's use of the said grant funds.

## 2. Indemnification Procedure

(a) Foundation/Grantor shall give the Indemntor/Grantee notice in writing as soon as practicable of any claim against Foundation/Grantor for which indemnification will or could be sought under this Agreement. Notice to the Indemntor/Grantee shall be directed to the address shown on the signature page of this Agreement (or such other address as the Indemntor/Grantee shall designate in writing to Foundation/Grantor

(b) Procedure. Any indemnification provided for in Section 1 shall be made no later than forty-five (45) days after receipt of the written notice of Foundation/Grantor. If a claim under this Agreement, is not paid in full by the Indemntor/Grantee, Foundation/Grantor may, but need not, at any time thereafter bring an action against the Indemntor/Grantee to recover the unpaid amount of the claim and, subject to this Agreement, Foundation/Grantor shall also be entitled to be paid for the expenses (including attorneys' fees) or bringing such action.

3. Successors and Assigns. This Agreement shall be binding upon the Indemntor/Grantee and its successors or assigns, and shall inure to the benefit of Foundation/Grantor and legal representatives and assigns.

4. Release. In consideration of the grant to Indemntor/Grantee, the receipt of which is hereby acknowledged, Indemntor/Grantee does hereby release and forever discharge Foundation/Grantor from any and all obligations and liabilities whatsoever under or on account of said grant.

IN WITNESS WHEREOF, the Indemntor/Grantee hereto has executed this Agreement as of the date first above written.

By: \_\_\_\_\_ Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Section 2.02 of our bylaws list Charitable Activities.

"Promote and support the health and well-being of the citizens of Miami County, Indiana, through health screening, health promotion, public education related to health care, and related activities.

Raise funds from the public and from all other sources available; to receive and maintain such funds and expend principal and income therefrom in support of or in furtherance of the charitable purposes of the organization.

Contract with other organizations (for profit and nonprofit), with individuals and with governmental agencies in support of or in furtherance of the charitable purposes.

Assist financially and otherwise other organizations which are recognized as organizations exempt from federal income taxation within the meaning of Section 501(c)(3) or any successor thereto, which have purposes generally consistent with the purpose of the Corporation."