The Episcopal Presbyterian Health Trust is dedicated to providing healthcare to underserved populations in the St. Louis region. We are seeking to create partnerships with effective, community-based organizations that work to improve the lives of others through access to healthcare.

EPHT is stewarded by a board of volunteers from both the Episcopal and Presbyterian faiths. Administrative services are provided to EPHT by the St. Louis Community Foundation.

**Instructions:**

1. Please complete and enclose the following:
   * Application
   * All Required attachments listed on the last page
2. Submit proposals at least one month before any quarterly meeting of EPHT.
   * Meetings for 2016 are scheduled for February, May, August, and November. Applications must be received by the following dates in order to be considered at the respective EPHT meeting dates:
     1. **February 16, 2017 meeting** – Application must be received by **January 9, 2017**
     2. **April 6, 2017 meeting** – Application must be received by **March 1, 2017**
     3. **August 10, 2016 meeting** – Application must be received by **June 30, 2017**
     4. **November 9, 2016 meeting** – Application must be received by **October 2, 2017**
3. No handwritten proposals.
4. Please answer all the questions.
5. Please do not include any materials other than those specifically requested.
6. Contact Neosha Franklin or Jenny Praytor with any questions concerns.

If you are submitting your application for the **February 16, 2017** or **April 6, 2017** Trustee Meeting, please fill out the application and email it to Jenny Praytor at:

[jpraytor@stlgives.org](mailto:jpraytor@stlgives.org).

If you are submitting your application for the **August 10, 2017** or **November 9, 2017** Trustee Meeting, please fill out application and email to Neosha Franklin at:

[nfranklin@stlgives.org](mailto:nfranklin@stlgives.org).

**Submit your application by mail to:**

Neosha Franklin

c/o St. Louis Community Foundation

#2 Oak Knoll Park

Saint Louis, MO 63105

314-880-4959 (phone)

[nfranklin@stlgives.org](mailto:nfranklin@stlgives.org)

**Resources:**

* St. Louis Public Library’s Grants and Foundation Center-<http://previous.slpl.org/using/foundation.htm>
* Foundation Center resources can also be accessed at the Kirkwood Public Library and the St. Charles Public Library.
* Foundation Center Guide to Proposal Writing-<http://foundationcenter.org/getstarted/tutorials/shortcourse/components.html>

**Visit the User Guide for the following information:**

* Common Grant Application background.
* Frequently Asked Questions.
* Glossary of terms.
* Guide to each question asked in this application including examples on how to best answer each question.

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| **Common Grant Application Cover Sheet** | | | | | | |
| Grantmaker to whom this application is submitted: | **EPHT logo_Page_1.jpg** | | | | | |
| Application Date: |  | Org Website: |  | | | |
| Applicants Legal Name: (as shown on IRS Letter of Determination) |  | | | | | |
| Doing Business As: (if different from legal name) |  | | | | | |
| EIN #: |  | | | | | |
| Address: |  | | | | | |
| City: |  | State: |  | | Zip code: |  |
| Telephone #: |  | Fax #: | |  | | |
| Executive Director:  (or Top Executive) | (Please include prefix and title) | Phone #: | |  | | |
| Email Address: | |  | | |
| Main Contact(s) for this Proposal: | (Please include prefix and title) | Phone #: | |  | | |
| Email Address: | |  | | |
| Board President: |  | Phone #: | |  | | |
| Email Address: | |  | | |

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| Applicant’s tax exempt status/ IRS designation (e.g. 501(c)(3), 501(c)(9), etc) | (Attach a copy of the IRS Letter of Determination- NOTE- this is not the state sales and use tax exemption certificate. If there has been a name change provide copies of the amended state certificate of incorporation and amended IRS Letter of Determination) |
| If not a 501(c)(3) Nonprofit, then who is fiscal agent? | (Attach a copy of the written agreement from fiscal agent plus fiscal agent’s contact information and EIN) |

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| Organization’s mission statement: |
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| Type of request (check one): Note, not all funders support each type of request. Check with individual grantmaker. | | | |
| [ ] Capacity Building | | [ ] Project/Program | |
| [ ] Capital | | [ ] Other (explain) | |
| [ ] General Operating Support | |
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| [ ] New Project | [ ] Existing Project | | [ ] Expansion of Existing Project |

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| Project/Campaign Name:  (if general operating please indicate) | |  | | |
| Proposal Summary - In 100 words or less summarize the purpose of this request. | | | | |
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| Funding Period Requested: (be specific) | / / through / / | | Amount Requested: | $ |
| Total Project Budget for this period: (not required if general operating request) | $ | | Current Annual Organizational Budget: | $ |
| Organization Fiscal Year: | / / through / / | | | |
| Geographic Area(s) Served:  (include specific counties) | (For this project. If general operations support, for this organization.) | | | |

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| List applicant’s membership of a giving federation: (e.g., United Way, Arts & Education Council, Jewish Federation, Earthshare Missouri) |  |

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| Agreement |
| *I certify to the best of my knowledge, that all information included in this proposal is correct. The tax exempt status of this organization is still in effect. If a grant is awarded to this organization, then the proceeds of that grant will not be distributed or used to benefit any organization or individual supporting or engaged in unlawful activities.*  *In compliance with the USA Patriot Act and other counterterrorism laws, I certify that all funds received from this funder will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders.* |

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| Signature, Executive Director  *(or authorizing official on behalf of the organization)* |  | Date |

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| **NARRATIVE** |
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| **SECTION A: ORGANIZATIONAL INFORMATION** |
| **1. Summary of organization’s history.** |
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| **2. Description of the organization’s current programs, activities, number served annually, and accomplishments.** |
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| **SECTION B: NEEDS STATEMENT** |
| **3. What are the community needs or problems to be addressed by this project/organization? Why is this issue important?** |
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| **SECTION C: PROJECT INFORMATION** |
| **4. Who will be served by this grant (describe) and how many will be served?** |
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| **5. What are your project goals?** *(Operating or capital requests- What are your agency’s major goals?)* |
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| **6. What activities do you intend to engage in or provide to achieve these goals?** *Please provide an in-depth description of the activities/services, including 1) how much, 2) how often, 3) how long activities/services will be provided. For expanded project requests, distinguish between current and expanded activities/services.* |
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| **7. What are the anticipated short and long-term measurable outcomes that would be achieved by this grant?** |
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| **8. What is the timeline for implementation of this grant?** |
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| **9.**  **What are the organization’s most significant interactions with other organizations and efforts? For project requests, address this question with respect to that project only.** *(e.g., who are the other partners, what is your past experience collaborating with this organization, what are their roles in this project, and what is their expertise, etc?)* |
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| **10. What other agencies or projects are doing similar work and how are you different?** |
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| **11. What are the qualifications of key staff and volunteers that will ensure the success of the project/organization? Are there specific staff/volunteer training needs for this project?** |
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| **12. How does this request fit with your organization’s long-term goals? We define long-term as the time-period beyond this grant.** |
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| **13. What is your long-term funding plan? For project requests, address this question with respect to that project only.** |
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| **14. Describe the extent to which your project/organization is based on approaches that have been shown to be effective in other settings.** |
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| **SECTION D: EVALUATION** |
| **15. What is your organization’s evaluation process? How do you plan to track and measure the effectiveness of your project/ organization** *(e.g., intake sheets, participation checklists, pre/post surveys, client questionnaires, follow-up surveys, etc)?* |
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| **16. How will the evaluation results be used to inform future programming?** |
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| **SECTION E: BUDGET NARRATIVE JUSTIFICATION** |
| **17. After completing the budget template, please provide a description of each line item expense listed on the program/project budget. Indicate whether this is a new expense for your project or if funding is being requested to cover a current/existing expense.** *For example, if you list personnel expenses, please state whether these funds will be used for new or existing staff positions. Explain how the numbers are being calculated.* |
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| **ADDENDUM QUESTIONS** |
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| **SECTION F: Recognition Opportunities** |
| **18. What opportunities for donor recognition are available with this grant?** |
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| **REQUIRED ATTACHMENTS** |
| 1. **A copy of the current IRS Letter of Determination indicating tax-exempt status.** 2. **List of current board of directors including their professional affiliations (name of organization of employment).** 3. **Financials**    * Project Budget *(must use excel template included as part of this application)*    * Internally prepared income statement for current fiscal year *(may use organizational budget included in this application)* **AND**      1. Complete copy of organization’s audited/reviewed/compiled financial statements for the last fiscal year which includes two (2) years of financial information **OR**      2. Organization’s most recently filed Form 990 plus internally prepared financial statements for the past two (2) years. **Must include:**  \* statement of activities (income statement)  \* statement of financial position (balance sheet)  \* statement of cash flow **NOTE**- financial statements are to be prepared according to generally accepted accounting procedures (GAAP) |

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| **Please read the following statement and check the boxes certifying that this application is complete according EPHT.** |
| I have reviewed the website or spoken of the grantmaker to whom I am submitting this application and have reviewed their mission, funding interests, process, and requirements to determine if my request is a funding fit. |