LHN Community Benefit Guidelines for 2015

Purpose:
Lutheran Health Network's mission is to improve the health and wellness and to have an overall impact on the communities that we serve.

LHN strives to benefit the community by addressing issues and concerns that affect overall community health. LHN carefully considers contributions to partners and programs that are interested in building lifelong relationships as they relate to our mission, vision and community benefit objectives. It is also critically important that partnering programs demonstrate local meaningful outcomes and measurable results.

Funding Criteria:
Sponsorship dollars are limited and therefore we cannot approve all requests. Consideration for proposals must address one more of the following priorities:

- Healthcare
  -prevention and detection
  -health & wellbeing
  -education
  -medical research
- Community vitality
  -increased access to healthcare at local level
  -economic development
  -revitalization efforts
- Educational organizations
  -schools
  -literacy programs
- Benefit the geographic area served by LHN. Priority given to Allen County
- Are consistent with LHN's mission
- Strong consumer awareness
- Organizations may only submit one time per calendar year
- Offers participation by employees
- Soliciting organization is well recognized
- LHN must receive some sort of benefit from being involved with the sponsorship i.e. logo on t-shirts, banner, etc.

Funding Eligibility:
You must meet the following minimum requirements:

- Have current 501(c)3 not-for-profit, tax exempt status under IRS Code, or be a governmental agency/department or public educational institute.
- Demonstrate effective program performance and financial responsibility and accountability.

Timeline:

- Annual proposal preferred prior to September 1 for next calendar year.
- Submissions are accepted on a year round basis. Funds are limited; requests received earlier in the year are more likely to receive consideration.
- Community Affairs Coordinator and committee reviews and evaluates the applications based upon the criteria outlined above
- Once reviewed and the final determination has been made the applicant will receive written notification of their decision.

Lutheran Health Network

How to apply:
Please submit all community benefits forms to Deana Croussore.
Fax 260-435-6903
E-Mail: dcroussore@lhn.net
Mail: 7950 W. Jefferson Blvd. Fort Wayne, IN 46804
For more information contact Deana Croussore at 260.435.7137 or dcroussore@lhn.net

What to Submit with application:

- Event description
- Mission statement of organization
- Purpose of event and how funds will be utilized
- Benefit of this event to our community
- All sponsorship levels and benefits
- List of all organizations that will be sponsoring or associations with the event or have been in the past
- History on the event: attendances, funds raised, how many years it has occurred
- Other sponsorship opportunities with your organization
- Summary of annual spending by mission or programming categories or complete budget for the project or IRS 990 form for prior year.

If your request is approved you will be required to submit a follow up report outlining how many people were impacted and how the funds were used within 60 days of your event.

Lutheran Health Network

Community Benefit Request Form

Contact Name: _____ Today's Date _____

Organization: _____

Address: _____

City/State/Zip: _____ Phone: _____

Fax: _____ Website: _____

Email: _____

Purpose/Mission of your organization: _____
_____
_____

Event/Project Name(s): _____

Event Date(s):_____ Event/Project Duration: _____

Amount Requested: _____

Who will be served by this event/project? (demographics, number of people served):
_____
_____

How will your events be advertised or promoted?
_____
_____

How will you measure your results?
_____
_____

Breakdown of how the funds will be spent?
_____

Other anticipated funding sources for this event/project:
_____
_____

If this request is approved, I understand that I will be asked to provide Lutheran Health Network with a follow-up report detailing how many people were impacted and how our funds were used.

_____
Authorized Signature

Internal Use Only:
Approved:_____ Denied:_____ Notified:_____ by:_____

Lutheran Health Network