

Lutheran Health Network 2021 Community Benefit Guidelines

Purpose & Overview

Lutheran Health Network (LHN) is committed to addressing issues and concerns that affect community health. As a result of that commitment, the network focuses on supporting initiatives that have the potential to impact the overall health and wellness levels of individuals living in the communities served by the network. LHN carefully considers requests from area organizations/groups for contributions for programs, events and activities that support the network's mission, vision and objectives. LHN also considers requests involving economic development/revitalization, education and culture on a case-by-case and more limited basis. LHN acknowledges that there are many great organizations, programs and events at work in our community. However, community benefit funds are limited, and therefore, LHN cannot approve all requests. Approval or denial one year may not dictate approval or denial in the future.

Criteria

Funds are typically not granted to individuals (e.g. raising money for school or mission trip, entry fee for pageant).

Applications or proposals must support one or more of the following criteria to be considered:

- **Healthcare focus (most heavily weighted category)**
 - Improve access to local healthcare
 - Underserved populations
 - Overall health, wellness and/or safety
 - Prevention and detection
 - Education
 - Medical research
 - Support
 - Fitness, athletics, sports teams/leagues (these requests may go through Optimum Performance Sports)
- **Community vitality**
 - Economic development/revitalization effort
 - Culture, education
- **Miscellaneous**
 - Consistent with LHN's mission
 - Geographically in one of LHN's service areas

Eligibility

- **Donations:** To request donations for initiatives that have little or no recognition and/or marketing opportunities for LHN but are purely for the good of the community, solicitors must meet the following minimum requirements:
 - Have a current 501(c)3 not-for-profit, tax-exempt status under the IRS Code or be a governmental agency/department or public educational institute.
 - Demonstrate benefit to community, effective performance, meaningful outcomes and financial responsibility and accountability.
- **Sponsorships:** To request sponsorships for initiatives that provide recognition and/or marketing opportunities for LHN, solicitors must meet the following minimum requirements:
 - Have a current 501(c)3 not-for-profit, tax-exempt status under the IRS Code or be a governmental agency/department or public educational institute.
 - Demonstrate benefit to community, effective performance, meaningful outcomes and financial responsibility and accountability.
 - Provide recognition and/or marketing opportunities for LHN.
- **Partnerships:** To request partnerships (may be in conjunction with business or organization that is not a 501(c)3), solicitors must meet the following minimum requirements:
 - Demonstrate benefit to community, effective performance, meaningful outcomes and financial responsibility and accountability.
 - Provide significant recognition and/or marketing opportunities for LHN.



Disclosure of Competitor Involvement

Requesters must disclose any involvement by LHN competitors. This includes the healthcare category and its subsets: health system/network; hospital; medical-related services; general health, wellness, safety; emergency services; urgent care services; physician practices; orthopedic and sports medicine services; sports performance training. Involvement includes, but is not limited to, sponsorship, funding, location of programs/events. Approval/denial of request and/or level may be impacted if programs/events are sponsored or funded by competitor(s) and/or located at a competitor's owned or named facility, even after sponsorship is awarded. Early disclosure of competitor(s) involvement and location is required.

Submission Timeline & Details

- To help LHN properly budget and plan, submissions are preferred prior to Sept. 30 for the next calendar year (i.e. submit by Sept. 30, 2020, for 2021 programs/events). Requesters are notified of approval or denial in the first quarter (Jan.-March) of the new year unless a different timeframe is necessary.
- Submissions may be accepted on a year-round basis for limited contingency funds. Requests received by Sept. 30 for the following year are more likely to receive consideration. For requests received at other times during the year, please allow 4-6 weeks for review and notification.
- Organizations are encouraged to limit submissions to once per calendar year. Multiple requests may be included in the same submission and should be received by Sept. 30 for the following year.
- Submissions are reviewed for appropriateness for LHN's entities: Bluffton Regional Medical Center, Dukes Memorial Hospital, Dupont Hospital, Kosciusko Community Hospital, Lutheran Hospital, Lutheran Children's Hospital, Lutheran Health Physicians, RediMed, Rehabilitation Hospital of Fort Wayne, St. Joseph Hospital, The Orthopedic Hospital.
- After review, the applicant may receive written notification of the decision.

How to Apply

Submit LHN Community Benefit Form, along with supporting information, to:

Deana Croussore, Community Affairs Supervisor, Lutheran Health Network
 7950 W. Jefferson Blvd., Fort Wayne, IN 46804
 dcroussore@lhn.net (submissions by email preferred)
 (260) 435-6903 fax

What to Submit with Application

- LHN Community Benefit Form detailing organization and contact information, program/event details, specifics of request and how funds, items and/or services will be used
- Benefit of program/event to the community
- Why the program/event is a good fit for LHN
- Sponsorship levels and benefits of each
- List of all organizations associated with the program/event
- Support documents or information
- Other sponsorship opportunities with the organization
- If applicable, include summary of annual spending by mission or programming categories, complete budget for the project or location of IRS 990 form for prior year (online location is sufficient; hard copy is not necessary).

After Notification

For community benefit requests that are approved, the requester is required to submit a follow-up report to LHN's community affairs supervisor within 60 days of the program/event. The follow-up report should summarize who was impacted, how they were impacted and how the funds were used.

Community Benefit Changes

The community benefit program is subject to change and availability. LHN reserves the right to change these guidelines at any time and without notice. LHN reserves the right to alter approved or denied donation, sponsorship, partnership funds and in-kind items/services, even after approval or denial.



Lutheran Health Network 2021 Community Benefit Request Form

Submissions are reviewed for appropriateness for LHN's Allen County entities:

Bluffton Regional Medical Center | Dukes Memorial Hospital | Dupont Hospital | Kosciusko Community Hospital | Lutheran Hospital
Lutheran Children's Hospital | Lutheran Health Physicians | St. Joseph Hospital | RediMed | Rehabilitation Hospital of Fort Wayne | The Orthopedic Hospital

Contact Information

Today's date _____

Organization: _____ Website(s): _____

Type of Organization: 501(c)3 not-for-profit tax-exempt under IRS Code governmental agency/department
 public educational institute other: _____

Address: _____ City/State/ZIP: _____

Contact name: _____ Phone: _____ Email: _____

About the Organization

Purpose/mission: _____

Board/committee members (may attach list): _____

Program/Event

Name(s): _____

Date(s): _____ Times/Duration: _____

Location(s): _____ Cost for attendees/participants: _____
(Location(s) and/or potential location(s) must be disclosed. See "Disclosure of Competitor Involvement.")

Details/description of program/event: _____

Who will be served (demographics, number of people served, etc.) by program/event and how? _____

How will the program/event be advertised/promoted? _____

How will you measure your results? _____

Other individuals, businesses, organizations involved in program/event (esp. other health-related organizations): _____

(See "Disclosure of Competitor Involvement.")

History of program/event: _____



Community Benefit Details

Please check one per program/event (see "Eligibility"): Donation Sponsorship Partnership

Primary category: Healthcare: education fitness, athletics, sports teams/leagues improved access
 medical research overall health, wellness or safety prevention, detection
 Community vitality: culture economic development/revitalization efforts education
 Other: _____

Nature of request: funds in-kind items/services other: _____

Amount of funds requested: _____

Description of in-kind requested: _____

Breakdown of how the funds/items/services will be used? _____

Other anticipated funding sources and levels (especially other health-related organizations): _____

(Funding or potential funding must be disclosed. See "Disclosure of Competitor Involvement.")

What makes this program/event a good fit for LHN? _____

What recognition and/or marketing opportunities, if any, would LHN receive (may attach list/levels)? _____

What opportunities for participation or discounts are available, if any, for LHN employees? _____

Additional information: _____

Notification

For requests received by Sept. 30 for the following year, we typically try to notify requesters of approval/denial in the first quarter (Jan-March) of the new year (some factors may delay this). For requests received at other times during the year, we typically try to notify requesters of approval/denial within 4-6 weeks. For program/event timing purposes, would you prefer notification in a different timeframe?

the stated timeframe is sufficient prefer notification by: _____

Signature

I've read the Lutheran Health Network 2021 Community Benefit Guidelines and make this application in accordance with them. _____

(Authorized Signature)

