**Community Benefit Funding Application**

Fiscal Year July 1, 2023—June 30, 2024

**NOTICE:** This form must be completed
 for funding requests to be considered.

**Thank you for your submission.** The committee meets throughout the year to determine eligibility and availability of funds throughout the year.

**Application Date:** Select a date here. **Funding Request:** Type a dollar-amount here.

**Organization:** Type the organization title here.

Address: Type the organization address here.

Contact: Type the organization contact name here.

Phone: Type the organization contact ten-digit phone number here.

E-Mail: Type the organization contact e-mail address here.

Organization Mission/Vision: Type the organization mission and/or vision statement(s) here. Organization Type: [ ]  Non-Profit [ ]  Not a Non-Profit

Organization Status: [ ]  Currently Receiving CHI Memorial Funding [ ]  Not Currently Receiving CHI Memorial Funding

Organization Funding History: Describe past, present, and future funding from CHI Memorial to the organization.

\* Responses may be completed separately and attached to this application document.

**Program/Project:** Type the program/project title here.

\*Explain the overall goal of the program/project pertaining to the CHI Memorial funding request:

 Type an explanation here or attach an explanation to this application.

\*Explain how the program/project aligns with CHI Memorial’s Mission and Core Values (view Guidelines):

 Type an explanation here or attach an explanation to this application.

Select a CHI Memorial Funding Priority item for the program/project (view Guidelines):

☐ Access to Affordable Health Care and Insurance ☐ Mental/Behavioral Health ☐Affordable/Healthy Housing

☐ Substance Use Disorder ☐ Prevention and Education ☐Violence ☐ Obesity ☐ Food Insecurity ☐ Chronic diseases

\*Explain how the program/project intends to specifically address the CHI Memorial Funding Priority item:

 Type an explanation here or attach an explanation to this application.

\*List all outcomes and metrics that measure/will measure the success of the program/project:

List the items here or attach a list to this application; please be specific and consider that CHI Memorial requires all funded organizations to submit an annual Funding Evaluation form to measure the success of the program/project.

\*Who will be served and how many will be served by this program/project?

 Describe the target population and the volume of the target population here, or attach a description to this application.

\*Please attach a program/project line-item budget and respond to the following two inquiries:

What percentage of the funding will remain in the Chattanooga regional community? Select a percentage range.

If granted, then what month during the fiscal year (July 1 – June 30) will funding be needed? Select a calendar month.

If the program/project requests sponsorship of an event, then respond to the following two inquiries:

Will a CHI Memorial representative need to be present during the event? [ ]  Yes [ ]  No

What percentage of the proceeds will benefit the organization versus cover event expenses? Select a percentage range.

**FOR INTERNAL USE ONLY:** [ ]  Approved [ ]  Not Approved APPLICATION ID: Type ID here.