

**WEIRTON MEDICAL CENTER FOUNDATION
HEALTHY COMMUNITY GRANT PROGRAM**

The Weirton Medical Center Foundation is a non-profit organization that was created in 1987 for the purpose of promoting activities to help build “healthier community.”

Purpose:

The Weirton Medical Center Foundation Healthy Community Grants Program is designated to invest in priority projects that support three important findings from the Community Needs Assessment completed in March 2006.

- Promotion of Healthy Lifestyles and Wellness for All Ages
- Mental Health and Addictions Education
- Information and Referral Service

Grant awards typically range from \$500 to \$15,000 each.

Eligibility:

Applications for grants will be accepted from organizations with the capacity, competence and experience to accomplish project goals and objectives. The applicant must provide services in one or more of the following community: Brooke and Hancock Counties in West Virginia, Jefferson County in Ohio and Western Washington County in Pennsylvania.

Organizations applying must be tax-exempt under Section 501(c)(3) of the Internal Revenue Code. [Or your organization must partner with an organization that holds a current tax-exempt 501(c)(3) status.]

Application and Notification Procedure:

Organizations interested in submitting an application that meets at least one of the listed funding priorities may apply for grants between \$500 and \$15,000. Funds may be applied to support existing or new projects.

Applications should be sent to the WMC Foundation at the following address:

Weirton Medical Center Foundation
601 Colliers Way
Weirton WV 26062

An original application and **one** copy must be received by 4:00 P.M. on March 1, June 1, September 1, or December 1. **Applications may not be faxed. Late applications will not be reviewed.** The Weirton Medical Center Foundation Board will review the applications and applicants will be notified in writing of their application’s status by April 30, July 31, October 31 or January 31.

Multi-Year Funding:

Foundation community grants are approved for one year. Continued support in subsequent years requires resubmission of a proposal for the next year, review of grant progress and budget management and availability of Foundation grant funds.

Funding Priorities: Select ONE Priority (a, b, c or d, etc.)

1. Promotion of Healthy Lifestyles and Wellness for All Ages
 - a. Promote preventive health care and healthy eating behaviors.
 - b. Increase moderate daily physical activity.
 - c. Encourage responsible sexual behavior.
 - d. Implement substance abuse education.
 - e. Promote and increase awareness of improving environmental quality.
2. Mental Health Education
 - f. Fund projects to prevent problem behaviors.
 - g. Increase awareness of cultural perception of mental health issues and addictions in our community.
 - h. To strengthen the community and the impact related to substance abuse, addiction, injury, and violence.
3. Information and Referral Service
 - i. Provide a current directory of Community Resources
 - j. Provide awareness of medical resources and access to them.
 - k. Provide for identification of health care needs in our community.

Required Components:**1. Project Abstract (page limit – one page)**

- Provide a one-page summary of the project.

2. Project Description (suggested length – three to four pages)

- Which of the priorities is the project supporting?
- What needs or problems would be addressed through this initiative?
- How will the project have an impact on these needs or problems?
- Who will be the primary beneficiaries of this project?
- What is the capacity of the applicant in carrying out the project?
- How will the project be announced to the community?
- How will the project results be shared?

3. Project Objectives and Activities/Methods (suggested length three to four pages, not including form.)

- Using the enclosed form, list the project's measurable objectives and activities.
- What planning activities will take place before project startup?
- How will progress be monitored?
- What are the staff responsibilities?
- What is the role of collaborating organizations?

4. Evaluation Plan (suggested length – one to two pages)

- Using the enclosed form, list the project's method to measure the objectives.
- How will the successes, challenges, and impact of the project be evaluated? (include how the objectives outlined in the previous section will be evaluated.)
- Who will design and carry out the project evaluation?

5. Project Impact (suggested length less than one page)

- How will the project make a difference in the lives of participants?

6. Budget (no page limit)

- Complete enclosed budget form (a description of allowable and not allowable costs is included on page 4)
- Provide budget justification that give more detail on items included in the budget form, including the calculation used to estimate costs.

If you have any questions regarding the Weirton Medical Center Foundation community grants application, please contact the WMC Foundation at 304-797-6325.

Grant Schedule

Applications are due: March 1, June 1, September 1 or December 1,

Notification of awards: April 30, July 31, October 31 or January 31

Grant Period: One year

Application Format:

All applications must include the six required components, addressing each bullet point listed, and a completed cover sheet, budget form and proposal objectives form. Application forms are attached. Duplicate copies of these forms are available via email. Send any requests for forms to (kmccoy@weirtonmedical.com.)

Applications must be no longer than 12 double-spaced edges (excluding forms and attachments.) Font size must be at least 12 points and margins must be at least one inch. Attachments may be included, however, all information requested under each of the required components must be provided within the proposal narrative, observing page limitations. **Applications, which exceed the maximum page limitation, will not be reviewed:**

Allowable Costs:

Allowable costs include salary, consultant fees, materials and supplies, printing and travel that are reasonable and necessary for project implementation.

Grant funds may be used to cover salaries for project-related employees, but cannot be used to pay salary costs for employees who are already employed full time.

Non-Allowable Costs:

The following items are not allowable and should not be included in the grant budget request:

- Salary costs for staff who are already employed full-time by their organization
- Construction, alteration, maintenance of buildings or building space
- Dues for organizational membership in professional societies
- Tuition, conference fees, or awards for individuals
- Billable services provided by physicians or other providers
- Permanent equipment (computers, printers, furniture) unless essential to project implementation and not available from other services
- Educational materials from non-Weirton Medical Center Foundation sources if comparable materials are available from Weirton Medical Center Foundation
- Indirect costs for grants under \$25,000

Grantee Requirements:

All grantees must sign Weirton Medical Center Foundation's grant guidelines agreement (copy attached) in order to receive grant funds. Grantees must submit quarterly and annual progress and expenditure reports to the Weirton Medical Center Foundation office.

Grantees must get written approval from Weirton Medical Center Foundation for any changes in project design or implementation, variance from the submitted budget, or changes in staff overseeing the project. All such requests should be sent to the WMC Foundation, 601 Colliers Way, Weirton, WV 26062.

**Weirton Medical Center Foundation
Healthy Community Grant
Application Cover Sheet**

Applicant Organization: _____

Address: _____

Phone/Fax: _____

Email: _____

Priority Area (Please circle the priority that the application addresses)

- a. Promote preventive health care and healthy eating behaviors.
- b. Increase moderate daily physical activity.
- c. Encourage responsible sexual behavior.
- d. Implement substance abuse education.
- e. Promote and increase awareness of improving environmental quality.
- f. Fund projects to prevent problem behaviors.
- g. Increase awareness of cultural perception of mental health issues and addictions in our community.
- h. To strengthen the community and the impact related to substance abuse, addiction, injury, and violence.
- i. Provide a current directory of Community Resources.
- j. Provide awareness of medical resources and access to them.
- k. Provide for identification of health care needs in our community.

Total grant amount requested: _____

Check should be made out to: _____

The budget includes funds for a consultant or other subcontract _____yes_____no

Signature/Date
Primary Staff Contact

Signature/Date
Alternate Staff Contact

Type Name and Title

Type Name and Title

WEIRTON MEDICAL CENTER FOUNDATION
HEALTHY COMMUNITY GRANT
BUDGET FORM

Check One: ___ Application ___ Progress Report Grant period from: _____ to _____

Grantee _____ Name of Project _____ Date _____

BUDGET	Application Total Budget	Expended (Progress Reports Only)
A. Salaries (Name and Position)		
Total Salaries		
B. Expendable Supplies		
Total Expendable Supplies		
C. Equipment		
Total Equipment		
D. Other Expenses/Fees (List each item and amount over \$50)		
Total Other Expenses		
TOTAL COSTS ABOVE (A+B+C+D)		
TOTAL AMOUNT REQUESTED		

Signature – Executive Director/Date

Signature – Administrator/Date

WEIRTON MEDICAL CENTER FOUNDATION
HEALTHY COMMUNITY GRANT
Proposal Objective and Methods/Activities

Name of Project _____

(Photocopy as needed)

Project Objectives/Outcomes (please number)	Activities to achieve Objectives/outcomes	Person/Agency Responsible	Start/End Dates
Objective ____	Activity 1		
	Activity 2		
	Activity 3		
	Activity 4		
Objective ____	Activity 1		
	Activity 2		
	Activity 3		
	Activity 4		

Applicant: _____

Page _____

WEIRTON MEDICAL CENTER FOUNDATION
HEALTHY COMMUNITY GRANT
Evaluation Form

Name of Project _____

(Photocopy as needed)

Project Objectives/Outcomes (please number)	Activities to achieve Objectives/outcomes	Person/Agency Responsible	Start/End Dates
Objective ____	Activity 1		
	Activity 2		
	Activity 3		
	Activity 4		
Objective ____	Activity 1		
	Activity 2		
	Activity 3		
	Activity 4		

Applicant: _____

Page _____